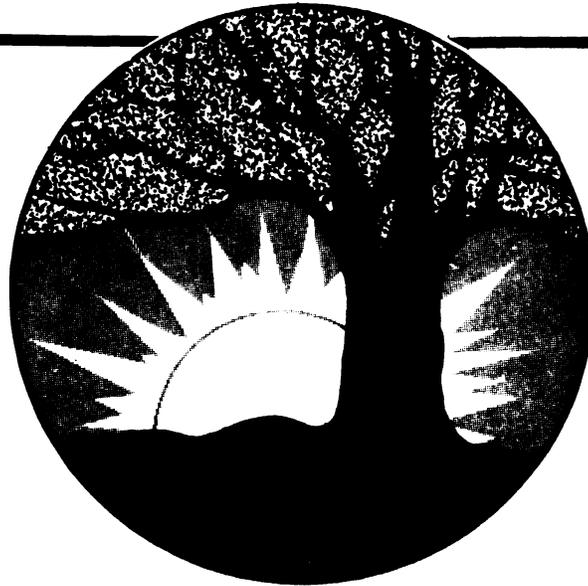


PERFORMANCE AUDIT

Tennessee Commission on Aging and Disability

March 2007



John G. Morgan
Comptroller of the Treasury



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John G. Morgan
Comptroller

March 30, 2007

The Honorable Ron Ramsey
Speaker of the Senate
The Honorable Jimmy Naifeh
Speaker of the House of Representatives
The Honorable Thelma M. Harper, Chair
Senate Committee on Government Operations
The Honorable Mike Kernell, Chair
House Committee on Government Operations
and
Members of the General Assembly
State Capitol
Nashville, Tennessee 37243

Ladies and Gentlemen:

Transmitted herewith is the performance audit of the Tennessee Commission on Aging and Disability. This audit was conducted pursuant to the requirements of Section 4-29-111, *Tennessee Code Annotated*, the Tennessee Governmental Entity Review Law.

This report is intended to aid the Joint Government Operations Committee in its review to determine whether the commission should be continued, restructured, or terminated.

Sincerely,

John G. Morgan
Comptroller of the Treasury

JGM/dww
06/038

State of Tennessee

A u d i t H i g h l i g h t s

Comptroller of the Treasury

Division of State Audit

Performance Audit
Tennessee Commission on Aging and Disability
March 2007

AUDIT OBJECTIVES

The objectives of the audit were to determine the authority and responsibility mandated to the commission by the General Assembly; to determine the extent to which the commission has met its legislative mandate; to review the annual quality assessment program for the nine Area Agencies on Aging and Disability and their service providers, including any findings and recommendations in completed assessments; to review methods used to verify and analyze area agency invoices submitted for reimbursement to the commission; to review the Long-term Care Ombudsman program in both the commission and area agencies, including complaint processing and the volunteer conflict-of-interest policy; to determine the commission's progress in updating policies, procedures, manuals, and rules; to determine whether staff are fulfilling their responsibilities and whether they have experience and qualifications necessary for their duties; to review the commission's Home and Community Based Services programs, including billing procedures and client data collection; to review federal and state funding formula procedures and the application of the formulas to program funding; to review the conflict-of-interest policy for the commission members and annual disclosure statements; to review Title VI documentation for the monitoring procedures described in the commission's Title VI Implementation Plan; and to recommend possible alternatives for legislative or administrative action that may result in more efficient and effective operation of the commission.

FINDINGS

The Commission Lacks Assurance of Program Compliance by Service Providers and Area Agencies Due to Interruptions in Its Quality Assessment Program

Area Agencies on Aging and Disability and their respective service providers carry out the state's programs for the elderly and disabled. Because the commission has not conducted all of the required monitoring visits to area agencies in prior years, the commission cannot ensure compliance with the federal and state statutes regarding these programs. Annual quality assessments allow commission staff to identify and resolve problems with the area agencies (page 17).

The Commission Needs to Improve Its Current Conflict-of-Interest Policy and Procedures for Commission Members

The commission does not have a written policy for disclosing potential conflicts. In practice, members have signed forms

concerning financial interests but were not asked to disclose other potential conflicts. The commission needs to develop a formal, written policy regarding potential conflicts of interest so that potential conflicts can be identified and discussed before they have an impact on decisions (page 21).

The Commission Did Not Prepare Reports Cited in Its Title VI Implementation Plan

Without these reports on compliance and monitoring activities, management cannot ensure that staff and the Area Agencies on Aging and Disability are complying with Title VI of the Civil Rights Act of 1964. This federal law prohibits all programs and activities from discriminating against participants or clients based on race, color, or national origin, and the Title VI implementation plans outline how the agency monitors compliance with Title VI (page 23).

OBSERVATIONS AND COMMENTS

The audit also discusses the following issues: the home and community-based waiver program has experienced some problems that the Bureau of TennCare and the commission are in the process of resolving, the commission's rules are not consistent with state law, one Area Agency on Aging and Disability does not have volunteer ombudsmen representatives, and a review of staff duties and qualifications determined that manuals were not updated to reflect current job duties (page 10).

Performance Audit Tennessee Commission on Aging and Disability

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Performance Audit Tennessee Commission on Aging and Disability

INTRODUCTION

PURPOSE AND AUTHORITY FOR THE AUDIT

This performance audit of the Tennessee Commission on Aging and Disability was conducted pursuant to the Tennessee Governmental Entity Review Law, *Tennessee Code Annotated*, Title 4, Chapter 29. Under Section 4-29-227, the commission was scheduled to terminate June 30, 2006. On May 24, 2006, the General Assembly passed House Bill 1000, which extended these and other entities in the 2006 Sunset Cycle that had not yet been heard, for one year or until a public hearing can be held. The Comptroller of the Treasury is authorized under Section 4-29-111 to conduct a limited program review audit of the agency and to report to the Joint Government Operations Committee of the General Assembly. The audit is intended to aid the committee in determining whether the commission should be continued, restructured, or terminated.

OBJECTIVES OF THE AUDIT

The objectives of the audit were

1. to determine the authority and responsibility mandated to the commission by the General Assembly;
2. to determine the extent to which the commission has met its legislative mandate;
3. to review the annual quality assessment program for the nine Area Agencies on Aging and Disability and their service providers, including any findings and recommendations in completed assessments;
4. to review methods used to verify and analyze area agency invoices submitted for reimbursement to the commission;
5. to review the Long-term Care Ombudsman program in both the commission and area agencies, including complaint processing and the volunteer conflict-of-interest policy;
6. to determine the commission's progress in updating policies, procedures, manuals, and rules;
7. to determine whether staff are fulfilling their responsibilities and whether they have experience and qualifications necessary for their duties;

8. to review the commission's Home and Community Based Services programs, including billing procedures and client data collection;
9. to review federal and state funding formula procedures and the application of the formulas to program funding;
10. to review the conflict-of-interest policy for the commission members and annual disclosure statements;
11. to review Title VI documentation for the monitoring procedures described in the commission's Title VI Implementation Plan; and
12. to recommend possible alternatives for legislative or administrative action that may result in more efficient and effective operation of the commission.

SCOPE AND METHODOLOGY OF THE AUDIT

We reviewed the activities and procedures of the agency for the period July 2000 through March 2006. The audit was conducted in accordance with the standards applicable to performance audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. The methods used included

1. review of applicable statutes and rules and regulations;
2. examination of agency files, documents, inspections, and policies and procedures;
3. review of prior performance audit and financial and compliance audit reports, and audit reports from other states; and
4. attendance at a commission meeting, and interviews with commission staff and staff of the federal Administration on Aging.

HISTORY AND STATUTORY RESPONSIBILITIES

Purpose of the Commission

The Commission on Aging and Disability, pursuant to *Tennessee Code Annotated*, Section 71-2-102, is the agency responsible for the network of aging and disability programs within the state of Tennessee. The commission serves persons ages 60 and over in the Title III program of the federal Older Americans Act of 1965. The 2001 General Assembly passed legislation that expanded the commission's authority to include services to disabled persons over age 18.

Under Section 71-2-105, *Tennessee Code Annotated*, the powers and duties of the commission are as follows:

- to allocate funds for projects and programs for older persons and disabled adults subject to the limits of the appropriation by the General Assembly and funds available or received from the federal government for such projects and programs;
- to serve as an advocate within government and in the community for older persons and disabled adults in Tennessee;
- to designate planning and service areas and Area Agencies on Aging in accordance with the Older Americans Act and federal regulations.
- to hold hearings, conduct research and other appropriate activities to determine the needs of older and disabled persons in the state, including particularly, but not limited to, their needs for health and social services, and to determine the existing services and facilities, private and public, available to older persons to meet those needs.

For the fiscal year ending June 30, 2005, the commission received \$8 million in state appropriations, \$26 million in federal funds, \$2 million in interdepartmental revenue and had total expenditures of \$36 million. For the fiscal year ending June 30, 2006, the commission received \$8 million in state appropriations, \$25 million in federal funds, \$2 million in interdepartmental revenues and had total expenditures of \$35 million.

Commission Membership and Staff

The commission is a 25-member policy formation and decision-making board including twenty-three members appointed by the Governor and two non-voting representatives from the General Assembly. The commissioners of the departments of Health, Mental Health and Developmental Disabilities, Human Services, and Veterans' Affairs and the executive director of the Council on Developmental Disabilities serve as *ex officio members*.

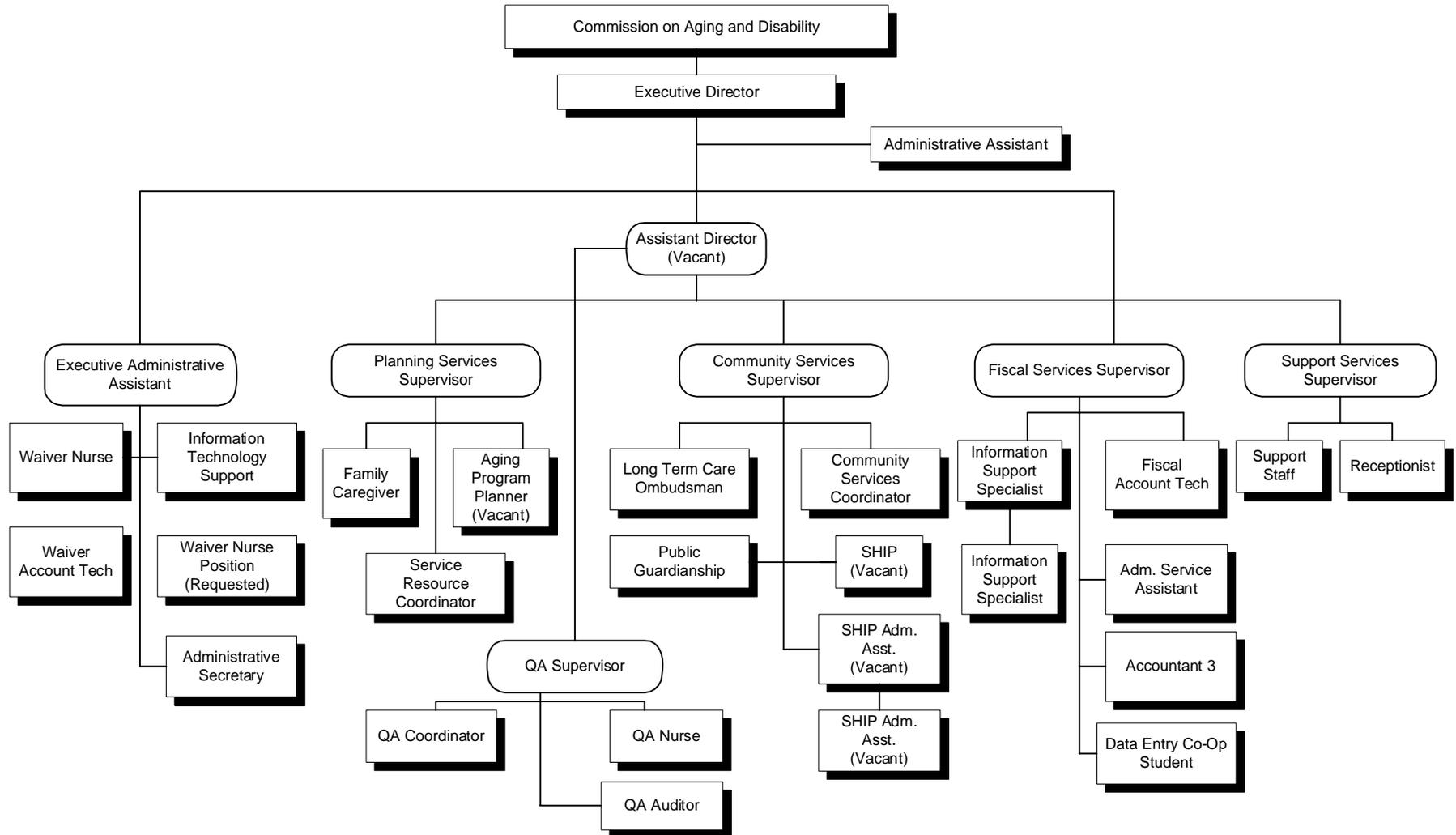
Section 71-2-104, *Tennessee Code Annotated*, states that the appointed members should be persons providing leadership in programs for the elderly and disabled in the state and representing areas related to housing, recreation, employment, medicine, nursing, social service, business, adult education, long-term care, religion research and advocacy. Commission membership should reflect the geographic diversity of the state and include minorities and women in proportion to their presence in the state's population. and at least one half of the membership should be representative of the population served.

The commission consists of an executive director and 25 staff. See organization chart on the following page.

AREA AGENCIES ON AGING AND DISABILITY

The Tennessee Commission on Aging and Disability designates an Area Agency on Aging and Disability in each of the state's nine planning and service areas pursuant to the 1973 amendments to the Older Americans Act. Each of the nine area agencies is the principal agent of the commission for carrying out the mandates of the federal Older Americans Act (OAA)

COMMISSION ON AGING AND DISABILITY OCTOBER 2005



and state funded home and community based services. A map indicating the area agencies and counties they serve is on the following page.

The commission is required by the OAA to submit a plan to the federal Administration on Aging for supervising the state's aging programs. The commission requires each area agency on aging to submit for approval an annual area plan for programs. An area plan includes a comprehensive description of services to be provided within the area through contracts with local service providers. Services are funded under the Older Americans Act, state appropriations, and local resources. Programs provided include transportation, information and assistance, outreach, homemaker and home health, senior citizens centers, congregate and home-delivered meals, legal assistance, ombudsman, and public guardianship services. Service providers include human resource agencies, community action agencies, local governments, churches, legal service agencies, housing authorities, and senior centers. See Appendix 5 for a description of programs. The area agencies on aging received \$30.9 million in FY 2006 from the commission (see Appendix 4 for funding amounts by agency) and contracted with approximately 650 different service providers to furnish the programs and services for eligible participants. The area agencies submit monthly invoices for reimbursement to the commission. The OAA and commission policies require the commission to perform a quality assessment review of each area agency annually and for each area agency to submit corrective action plans for problems found. Area agencies are required to annually assess their service providers (including a site visit). The quality assessments of the area agencies and the service providers include both program and financial components.

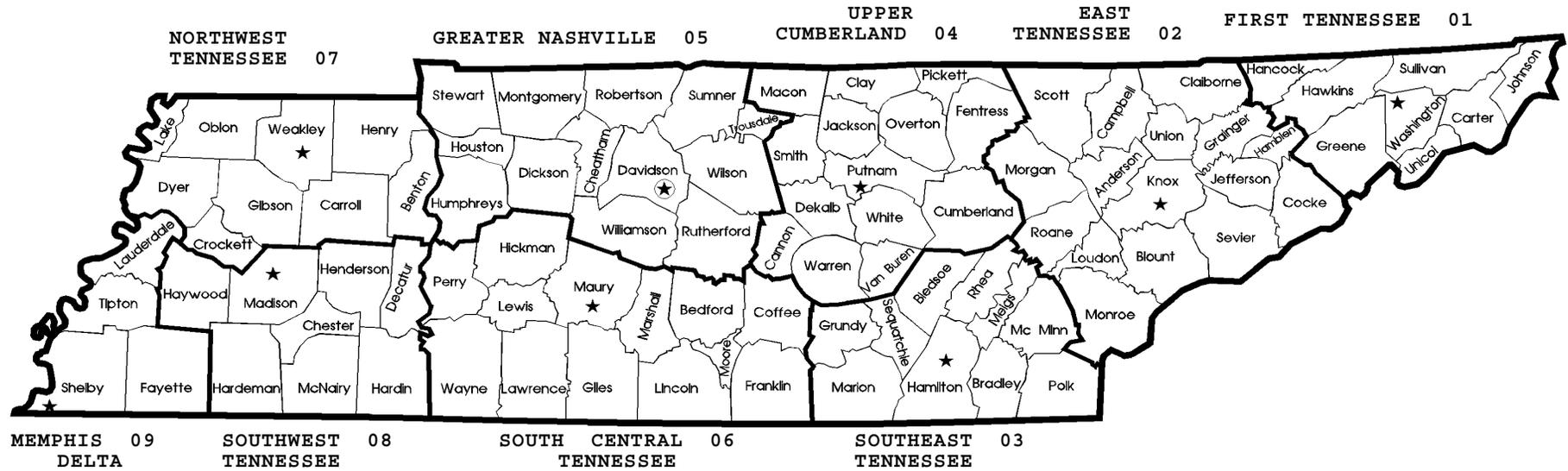
REPORTING TO THE ADMINISTRATION ON AGING

The federal Administration on Aging requires the commission to submit reports on its programs including data on clients served, units of service and use of funds. According to the commission's Fiscal Administrative Services Supervisor, the following reports are submitted:

- National Aging Program Information Systems (NAPIS) reports, annually;
- Quarterly PSC 272 Federal Cash Transaction reports; and
- SF 269 reports, semiannually.

To accomplish the reporting, the commission and the nine area agencies on aging use a web-based interactive database. The Social Assistance Management System (SAMS) database accumulates data entered by the area agencies regarding clients served, categorized demographically. NAPIS reports are slated to be replaced with the State Reporting Tool (SRT) which is currently in its testing phase.

TENNESSEE AREA AGENCIES ON AGING AND DISABILITY (AAAD)



01 First Tennessee AAAD
 First TN Development District
 Johnson City, TN

02 East Tennessee AAAD
 East TN Human Resource Agency
 Knoxville, TN

03 Southeast Tennessee AAAD
 Southeast TN Development District
 Chattanooga, TN

04 Upper Cumberland AAAD
 Upper Cumberland Development District
 Cookeville, TN

05 Greater Nashville AAAD
 Greater Nashville Regional Council
 Nashville, TN

06 South Central TN AAAD
 South Central TN Development District
 Columbia, TN

07 Northwest AAAD
 Northwest Development District
 Martin, TN

08 Southwest AAAD
 Southwest TN Development. District
 Southwest TN Area Agency on
 Aging and Disability
 Jackson, TN

09 Delta AAAD
 Aging Commission of the Mid-south
 Memphis, TN

FEDERAL AND STATE FUNDING FORMULAS

The Tennessee Commission on Aging and Disability allocates funds to Area Agencies on Aging and Disability using two formulas. The intrastate funding formula, or federal funding formula, is used to distribute amounts received from the federal Administration on Aging for programs authorized in the Older Americans Act. The state funding formula is used to distribute funds for the state's Home and Community Based Services and Senior Center programs. Both formulas are determined by committees of commission members based on requirements set forth in the federal Older Americans Act of 1965. The state formula committee consists of six commission members, and the federal formula committee consists of seven members. When the federal funding formula is updated and/or modified, commission policies require that the state formula must also be updated and/or modified. In fiscal year 2005, the commission contracted with two consultants to consider revisions to the federal funding formula. Those consultants recommended an increase in factors for low-income minority individuals and an introduction of a factor for frail elderly individuals.

Older Americans Act Funding Guidelines

The commission's intrastate or federal funding formula is based on the Older Americans Act of 1965 (U.S. Code Title 42, Chapter 35). The guidelines are general and require that the state agency, in consultation with area agencies, develop a funding formula in consultation with area agencies using the best available data to develop a formula for distribution of funds that considers

- the geographical distribution of older individuals in the state,
- the distribution of older individuals with greatest economic need and social need, and
- needs of low-income minority, older individuals.

The Intrastate Funding Formula is submitted to the federal Administration on Aging (AoA) for approval with the commission's new state plan. The AoA permits states to submit plans for a two-, three-, or four-year period. The Commission on Aging submits a three-year plan to the AoA.

The Older Americans Act also prescribes guidelines for administrative funds and for specific programs including the ombudsman program, supportive services, senior centers, and nutrition services.

Federal Funding Formula

The commission's federal funding formula was approved by the AoA on September 30, 2005, as part of the 2006-2009 *State Plan on Aging*.

**Federal Funding Formula
Tennessee Commission on Aging
July 1, 2006**

Description	Amount of Title III Funds Allocated
Administration ¹	10%
Remaining 90% Allocated as Follows:	
Elderly Persons (60 years of age and over)	35%
Elderly Persons with Income Below 100% of Poverty Level	30%
Minority Elderly Persons with Income Below 100% of Poverty Level	10%
Elderly in Rural Areas	15%
Frail ²	10%

¹ From the 10%, each area agency is allocated a base amount of \$100,000. The remaining funds are allocated proportionate to that area agency's percentage of funds allocated in the prior year for nutrition services and senior centers.

² Age 80 and above.

State Funding Formula

As stated above, commission policy requires the state funding formula to be revised when the commission revises its federal formula. The following is the current formula for funding the commission's state programs.

**State Funding Formula
Tennessee Commission on Aging
Effective July 1, 2006**

Description	Amount of Title III Funds Allocated
Multipurpose Senior Citizen Centers	Each area agency receives a base of \$4,000 per county in the area agency. Of the amount remaining, one-half is allocated according to the area agency's proportionate share of the elderly population and one-half is allocated according to the area agency's elderly population with incomes at or below 100% of the poverty level.
Home Delivered Meals and Homemaker Services	One-half is allocated according to the area agency's proportionate share of the elderly population and one-half is allocated according to the area agency's elderly population with incomes at or below 100% of the poverty level.
Public Guardianship	Sixty-eight percent is divided equally between the nine area agencies. The remaining 32% is allocated based on the number and case intensity of clients and number of volunteers in each program.
OPTIONS	Each area agency receives a base of \$50,000. Of the amount remaining, funds are allocated according to the area agency's proportionate share of the population aged 18 and over with self-care limitations. ¹

¹ Funding will not be less than funding received in Fiscal Year 2001.

After receiving approval of the federal formula from the Administration on Aging, the commission presents revisions to the Joint Evaluation Committee on Governmental Operations of the Tennessee General Assembly for approval. The state funding formula is also presented to the joint committee. The formulas above were approved in February of 2006 by the Joint Evaluation Committee and will be applied to funds allocated by the commission beginning July 1, 2006.

OBSERVATIONS AND COMMENTS

The topics discussed below did not warrant a finding but are included in this report because of their effect on the operations of the commission and on the citizens of Tennessee.

THE HOME AND COMMUNITY BASED SERVICES PROGRAM HAS EXPERIENCED SOME PROBLEMS THAT TENNCARE AND THE COMMISSION ARE IN THE PROCESS OF RESOLVING

In May 2002, the Centers for Medicaid and Medicare (CMS) approved a waiver submitted by the Bureau of TennCare for a Home and Community Based Services (HCBS) program. The program provides home and community-based services as an alternative to institutional nursing facility care. The Commission on Aging and Disability administers the Statewide Home and Community Based Services (HCBS) program under the supervision of the Tennessee Department of Finance and Administration's Bureau of TennCare. The May 2002 approval was for a program to serve 2,871 persons. In October 2006, CMS renewed the waiver and approved a service expansion to include 3,700 individuals and additional services.

In December 2003, the Comptroller of the Treasury's Office of Research published a study, "Serving the Aged and Disabled: Progress and Issues." That study concluded that although the waiver services had been approved in May 2002, the state had not served any clients through the program because of billing system problems and a lack of a network of service providers. In February 2004, after the study was published, the commission began enrolling clients.

The Bureau of TennCare's waiver application for HCBS outlines the program operating parameters and includes an analysis, called a demonstration, that compares the cost of institutional care to the cost of home and community based care. The most recent waiver application demonstrates that the program provides a cost savings of \$7,150 per enrollee per year in the first year with an increase to \$8,047 per enrollee per year in the fifth year.

In the waiver application to CMS, TennCare named the commission as the operating agent for the HCBS. TennCare has a contract with the commission for providing HCBS services to eligible clients. The commission uses its service provider network through its nine area agencies on aging and disability (AAADs) so that services are available to clients in their own community.

Prior to applying for the 2006 waiver renewal and service expansion, TennCare Long-Term Care Program staff in charge of the waiver program assembled an HCBS Steering Committee that included persons knowledgeable and familiar with the services. HCBS Steering

Committee members included the commission's Executive Director and the staff person designated as the contact person in the contract with TennCare.

Program Eligibility

According to the commission's *HCBS Provider Manual*, the enrollees must meet the following criteria:

- reside in Tennessee;
- meet TennCare Level 1 nursing criteria and Medicaid financial requirements;
- be age 21 or older;
- require home services that cost less than institutional care; and
- have social support to ensure that health and safety can be maintained while being served in the home.

Enrollees are eligible to receive all of TennCare covered services along with the services the waiver provides, i.e., case management, homemaker services, personal care services, minor home modifications, personal emergency response systems, home delivered meals, and respite care. As of April 6, 2006, there were 822 enrollees of whom 578 were over age 60.

Commission on Aging and Disability's Contract Responsibilities

The contract between the commission and the Bureau of TennCare outlines the commission's responsibilities as:

- enroll eligible individuals;
- have an initial certification by a physician of enrollee's need for care;
- have an individualized plan of care for each individual enrolled that is developed within 30 days of program admission;
- implement and comply with a grievance and appeals process;
- perform quarterly quality assurance assessments of program services and providers; and
- provide TennCare with written notification of any involuntary disenrollment.

In order to comply with the contract, the commission has hired a Quality Assurance Waiver Nurse who ensures that the enrollees have the needed documentation in their files and coordinates enrollment and services with the AAADs. The commission has a Quality Assurance process in place for its Title III aging programs which includes reviewing the HCBS program. However, the Title III Quality Assurance program is an annual review and not a quarterly review. The commission has not completed annual Title III Quality Assurance reviews (see finding 1) nor has it completed the quarterly HCBS reviews (see below).

Commission on Aging and Disability, Area Agencies on Aging and Disability, and Service Providers

As noted above, the commission has nine Area Agencies on Aging and Disability (AAADs) that are the service network for the commission's clients. The AAADs have contracts with HCBS service providers. As of April 10, 2006, there were 139 service providers in the program.

The Bureau of TennCare requires a service provider to submit several documents to its TennCare Provider Relations Division before receiving authorization as a provider. These include:

- a signed Tennessee Medicaid Program No. 3 Provider Application;
- a signed Provider Participation Agreement Medicaid/TennCare Title XIX Program;
- a signed IRS form W-9;
- copies of the provider's current licenses;
- a copy of the most recent annual monitoring or survey report from the appropriate oversight entities;
- a signed Provider Qualification Verification Checklist;
- a signed TennCare provider agreement (between the provider and TennCare);
- a signed and approved Provider Memorandum of Agreement (between the provider and TCAD); and
- any other documents requested by TennCare.

In addition, the applying provider must include copies of applicable professional licenses of employees and update any changes to provider information during the period they are authorized as a provider.

Monitoring by TennCare

The Bureau of TennCare monitors the HCBS program. The authority for the monitoring is in the contract for Waiver services between TennCare and the commission and says that TennCare will provide quality assurance monitoring, monitoring of quality control procedures, and will notify the commission of deficiencies found in the performance of activities described in the waiver. The commission is required to respond in writing to any deficiencies within thirty days. TennCare's current and only Quality Assurance Audit of the HCBS Waiver program—including a review of TCAD, AAADs and service providers—is for program year 2005 and has 28 findings. Some issues identified in the report were inadequate performance of Quality Assessments, the use of the demonstration figures as service caps, inadequate records of service provider credentials, inadequate complaint tracking, unacceptable billing practices, unapproved marketing efforts, and significant delays in admission clients into the program. As of October

2006, TennCare is reviewing the commission's corrective action plan dated September 20, 2006, in response to the Quality Assurance Audit report for program year 2005.

The Quality Assurance Audit found that the commission's quarterly AAAD monitoring program under the HCBS program had not been implemented for the entire year. In addition, TennCare stated that the assessments in the monitoring program were sporadic. The report concludes that the Home and Community Based Waiver for Elderly and Disabled Individuals has areas of deficiency and a corrective action plan is required in order to meet federal assurances and quality requirements.

In addition to monitoring the commission, TennCare reports program information annually to CMS. The CMS 372 report for Federal Fiscal Year 2004-2005 includes cost and enrollment data for waiver and other services, and information describing monitoring procedures and the results of that monitoring. The data in this report substantiate to TennCare and CMS whether the HCBS program services are less costly than institutional care. The test for whether or not the HCBS waiver "saves money" versus institutional care is whether or not the sum of non nursing home care costs, plus other Medicaid costs, is less than or equal to the cost of nursing home care plus other Medicaid costs. According to the CMS 372 report for Fiscal Year 2004-2005, the statewide HCBS waiver costs \$12,616.77 per enrollee, while nursing home care would cost \$35,364.11 per person.

Program Reporting to TennCare by the Commission on Aging and Disability

TennCare staff provided the commission a template for reporting HCBS program information each quarter. The commission receives HCBS program data from the AAADs in order to complete the template for TennCare. Commission staff said the AAADs use different methods to compile the HCBS information—a spreadsheet, manual calculations, and the Social Assistance Management System (SAMS) database. Staff and management are working on a user manual that would help standardize the method used to obtain the data. Management would also like the system to have the ability to track enrollees and create case notes.

Examples of the AAAD data compiled by the commission for quarterly reporting to TennCare are Screened Potential Enrollees, New Enrollees, Denied Applications, Missed Visits, Complaints, Voluntary Disenrollments, and Involuntary Disenrollments.

Program Issues

The service providers submit invoices for HCBS services to the Area Agencies on Aging and Disability (AAADs). The AAADs are responsible for reviewing and approving the invoices and sending them to the commission. The commission submits the service provider claims to TennCare for payment monthly. TennCare processes the claims and sends payments directly to the service providers.

The commission uses the TennCare Interchange System to enter claim information. At times problems with this system have resulted in denial of some claims. For instance, in March

2006, all homemaker service claims were denied when the procedure code was inadvertently removed by TennCare from available services. However, these claims were eventually paid.

Another issue is the definition and treatment of service caps. Commission staff are concerned about services that they believe have service caps, i.e., a limit placed on how frequently the enrollee can receive the service. The waiver application, in order to illustrate that waiver services are less expensive than institutionalized services, includes a list of services provided, how services are measured, the number of recipients of the service, and how many estimated units of service a client can receive. Management and staff of the commission were concerned that needed services, such as Home Delivered Meals, Case Management, and Homemaker services would not be provided adequately because they viewed the units of service as a “cap.” However, TennCare staff interpret the services as guidelines. In the Quality Assurance Audit, TennCare found that the commission had treated some services as capped and inappropriately denied services for enrollees.

Commission staff and management mentioned delays with service providers becoming reauthorized users. (Each service provider must amend its contract annually to renew for the following year.) There have been instances, according to the commission, when a service provider has completed the process to become reauthorized, but it is not reflected in the TennCare Interchange System. TennCare Long Term Care staff recognized this problem, and added that they were not able to promptly correct it, although it has now been corrected.

Conclusion

The HCBS program has experienced several problems, but it appears that the commission and TennCare are working together to alleviate the problems. Once the commission’s Plan of Correction (in response to the TennCare monitoring report) has been completed, both the commission and TennCare should ensure that the plan is implemented.

Commission staff should complete the user manual and other database improvements in order to assure that AAADs provide consistent and uniform data for quarterly reporting to TennCare. The commission and TennCare should work together to clarify the use of limits on client services, and assure timely processing of service provider recertifications.

COMMISSION’S RULES ARE NOT CONSISTENT WITH *TENNESSEE CODE ANNOTATED*

The rules of the Commission on Aging and Disability do not reflect current statute. For instance, Section 71-2-104(b), *Tennessee Code Annotated*, a result of 2001 Public Acts, states that the commission consists of 25 members. However, the commission’s rules state that the commission consists of 18 members.

In 1981, state law required the commission to have 18 members; in 1984, 24 members were required; and since 2001, 25 members have been required. Therefore, it appears that

commission membership rules have not been updated to reflect either the 1984 or the 2001 changes. The rules regarding membership are dated 1982.

Although commission staff said discussion of rule changes regarding membership would be on the agenda at the February 14, 2006, commission meeting, the agenda did not include this item, nor was it discussed.

Chapter 397, Public Acts of 2001, changed the commission's name from the Commission on Aging to the Commission on Aging and Disability. This change is reflected in Section 71-2-101, *Tennessee Code Annotated*. However, commission rules (dated 1982) state that the legal name is the Tennessee Commission on Aging.

Commission management should make concerted efforts to update rules to reflect statutes.

ONE AREA AGENCY ON AGING AND DISABILITY DOES NOT HAVE VOLUNTEER OMBUDSMEN REPRESENTATIVES

One of the area agencies does not have any volunteer long-term care ombudsman representatives. Although the Southwest Area Agency on Aging and Disability received \$15,500 in funding for the program in fiscal year 2006 from Title VII funds, the agency did not have any volunteer long-term care ombudsman representatives during that period. The area agency has not had a volunteer ombudsman since 2001. This money was used for salary, travel, training and supplies for the program and recruitment of volunteers. Funding for the program for the previous years included \$9,041 in 2002; \$13,500 in 2003; \$14,500 in 2004 and \$16,100 in 2005. Southwest's Long-term Care Ombudsman stated that the agency had two volunteers in 2001, who became inactive, and that despite efforts made to recruit new volunteers to the program, there are none.

Volunteers in the long-term care ombudsman program, who are under the supervision of the District Long-term Care Ombudsman, visit residents in nursing homes and other long-term care facilities. The volunteers provide residents with information about quality-of-care and quality-of-life rights. In addition, the volunteers observe conditions, advocate for residents and handle uncomplicated complaints.

The commission's December 2005 Quality Assessment of the Southwest Area Agency on Aging and Disability (Southwest) stated that "without the use of approved, trained volunteers the depth of service provided by the ombudsman is severely limited."

According to Commission on Aging and Disability staff, the Plan of Correction from Southwest included information on the methods used to recruit volunteers for the program such as billboards and presentations to senior centers and other community groups. In addition, the area plan submitted by Southwest in April 2006 included an objective to recruit a minimum of five volunteer ombudsman representatives through

- information flyers to colleges and universities explaining the program and importance of volunteering,
- public service announcements on local radio stations and local cable channels,
- articles or ads in local magazines and journals, and
- information activities in local malls and at community events.

Although the commission has addressed the issue of Southwest's lack of volunteer ombudsman representatives, the commission should continue to monitor Southwest's efforts to ensure that the area agency implements its plans to recruit and train volunteers.

REVIEW OF STAFF DUTIES AND QUALIFICATIONS

As part of the audit, we reviewed the commission policies regarding reporting requirements by staff, staff position descriptions and the annual job plans of staff. We found that commission manuals were not updated to reflect the current job duties assigned to staff by management. Management is in the process of updating the manuals.

FINDINGS AND RECOMMENDATIONS

1. The commission lacks assurance of program compliance by service providers and area agencies due to interruptions in its quality assessment program

Finding

The commission has a monitoring process called quality assessment that is used to ensure that the nine Area Agencies on Aging and Disability and their service providers are complying with program requirements. In turn, the area agencies perform quality assessments of their service providers. However, the only assessments of the area agencies since the 1999 performance audit were four conducted in 2002 by the Program Accountability Review section in the Department of Finance and Administration), and four in 2005 by the commission. Annual quality assessments are necessary for the commission to comply with assurances required by the Administration on Aging. Examples of assurances that the agency must give are

- special needs of older individuals in rural areas will be taken into consideration; including a description concerning how those needs have been met and funds allocated;
- area agencies will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination; and
- programs for prevention of abuse of older individuals will be consistent with state law and coordinated with other services for abused older individuals.

In addition, quality assessments focus on program performance (although financial records are reviewed, too). Annual quality assessments allow commission staff to identify problems and resolve them before contracts with the area agencies on aging are renewed.

1999 Performance Audit and 1994 Federal Audit

During the prior performance audit, we reviewed area agency quality assessments from 1997 and 1998 prepared by commission staff. As reported in the audit, one of the most common recommendations from the commission to the area agencies in those assessments was that the area agencies needed to complete their annual assessments of service providers. Area Agencies on Aging and Disability are required by the Older Americans Act, Section 306 (a)(6), to conduct periodic evaluations of activities carried out under the area plan just as the state agency, the commission, is required to evaluate the area agencies. The Older Americans Act specifies that “periodic” means, at a minimum, once each fiscal year.

The 1999 audit also reported that the commission's 1995 through 1998 quality assessments concluded that four of the nine area agencies did not complete annual assessments of service providers in one or more of the years reviewed. In addition, the area agency files did not contain any documentation that the agencies had completed the assessments.

The 1994 federal audit of the commission by the U.S. Administration on Aging (the most recent federal audit) recommended that the commission develop a procedure to ensure that corrective action is taken on audit findings and recommendations for all Area Agencies on Aging and Disability. The audit recommended that area agencies be required to submit a corrective action plan to the commission. Therefore, the commission should be conducting routine assessments in order to ensure that the area agencies are implementing the recommendations from prior assessments.

Office of Program Accountability Review Assumes Program Monitoring for the Commission

In 1999, according to commission management, the Department of Finance and Administration's Office of Program Accountability Review (PAR) section assumed the commission's quality assessment duties. However, PAR did not perform any quality assessments until 2002. During that year, PAR reviewed two developmental districts and two Human Resource Agencies and included commission contracts with those entities in the scope of their review.

Resumption of Quality Assessment by the Commission

In 2004, PAR announced that its monitoring staff would be reassigned to various agencies. However, none of the PAR staff was transferred to the commission, and the Department of Finance and Administration did not approve funding for commission monitoring positions until FY 2004-2005.

In the interim period, Home and Community Based Services (HCBS) Waiver Program assessments were made by a nurse quality assurance reviewer employed by the commission. According to staff, these were to take the place of the area agency quality assessments until positions for a monitoring team could be approved and filled. A review of those assessments found that they focused on medical records related to that program. But the waiver program is not funded through the federal Older Americans Act, it is a state funded program and therefore the nurse quality assessments would not meet the criteria of annual assessments in the Older Americans Act.

Beginning in 2005, the commission had three dedicated quality assessment staff. We reviewed the assessment tools and discussed the current procedure for plans of correction. We found that the tools are being used by the current quality assessment team and that the commission follows its procedure for plans of correction (auditor assessment from review of documentation in QAs) We also found that commission quality assessment staff completed four area agency assessments in calendar year 2005. The remaining five area agencies are scheduled for assessments in calendar year 2006.

Quality Assessment Findings

We reviewed the four completed quality assessments to analyze information found by the commission's QA team. Some examples of findings in the reports are

- no evidence in files that the service provider had responded to the area agency's monitoring recommendations,
- the area agency did not have a legal counsel contract in effect for the Public Guardianship program,
- financial statements did not accurately reflect the funds received, and
- the area agency did not have invoices for some purchased items.

Some examples of recommendations made in the reports are

- funds paid for three programs—Supportive Services (IIIB), National Family Caregiver Support (IIIE), and Nutrition Services Incentive Program (NSIP)—reported in the quarterly revenue and expense report should match the funds reported in the financial statements;
- area agencies should ensure that the contractor provides documentation of orientation and training for volunteer ombudsman representatives;
- area agencies should ensure that all employees hired meet the qualifications;
- area agency should ensure that the employees paid with aging program funds are listed on the area agency organization chart and that the employees' job descriptions are included in the area plan which is approved by the commission;
- one person should prepare checks and two other individuals should sign checks; and
- area agencies should ensure that personnel files of in-home staff document that criminal records and the abuse registry have been checked.

The commission's quality assessment procedure requires that an area agency on aging submit a plan of correction to the commission within 30 days of receiving the final quality assessment report. The plan of correction includes recommendations from the final report, the area agency's responses, and the area agency's actions taken to correct the noted problem. The area agency's plan of correction is reviewed by the quality assurance staff and the executive director before the commission approves it. The commission can ask an area agency to further revise its plan of correction if it does not meet approval. A conference call between the commission's executive director, quality assurance staff and area agency management is held to discuss the plan. Then the commission's quality assurance team, during its next visit, determines if the plan of correction has been instituted.

Reasons for Timely and Periodic Quality Assessments

Monitoring the activities of area agencies and ensuring that the area agencies are monitoring their subrecipients is necessary to ensure that federal program funds are used for authorized purposes and used in compliance with laws, regulations, and contractual provisions. Because the commission has not conducted regular monitoring visits to the area agencies in prior years, the commission cannot ensure compliance with the federal and state statutes regarding programs. In addition, the commission cannot ensure that the area agencies are monitoring their subrecipients. The commission did not have alternative procedures in place such as program reports to commission staff that would provide such assurance.

The Older Americans Act requires area agencies on aging to conduct periodic evaluations of their service providers to determine that the services specified in their annual plans are being fulfilled. The Tennessee Commission on Aging and Disability is responsible for ensuring that the area agencies are complying through the quality assessment process. Based on our review, the lapses in the quality assurance process during 1999, 2000, 2001, and 2003, do not assure the commission that the area agencies have complied with this requirement. In addition, the nurse quality assessment in the years 2004 and 2005 did not provide assurance for programs under the Older Americans Act.

Recommendation

The commission should ensure that annual quality assessments are made of all nine area agencies in order to comply with the Older Americans Act. In addition, the commission should develop comprehensive procedures for conducting quality assessments to document application of these procedures at each of the nine area agencies. Quality assessment procedures should include a review of the area agencies' monitoring procedures and findings regarding the actions of their respective service providers.

Management's Comment

We concur. The commission has taken steps to remedy the weak quality assurance program that occurred between 1999 and 2005. In October of 2005 the quality assurance team was fully staffed and able to complete the compliance audits by the end of June, 2006. In fiscal year 2006, the commission completed quality assurance on-site monitoring of all nine area agencies and the four contracted Case Management providers. During the monitoring process, commission staff verifies that the Area Agencies have also monitored their contractors within the fiscal year. In addition, the commission completes the quality assurance review by requiring a plan of correction for each finding, and the commission approves of the plan in writing.

The commission, in partnership with the quality assurance staff of the Area Agencies, has developed survey tools for use in monitoring compliance by sub-recipients. These monitoring tools will be regularly reviewed and revised as needed.

The commission has a schedule for the annual on-site monitoring of all the Area Agencies for FY 07 and is conducting the monitoring as scheduled. All Area Agencies and Waiver Case Management providers will be monitored by June 30, 2007.

The commission views the annual quality assurance review as a way to improve services to older Tennesseans and adults with disabilities. The commission will continue to monitor the quality assurance activities of the Area Agencies and continue to use the findings and solutions that are responsive to older citizen and adults with disabilities.

2. The commission needs to improve its current conflict-of-interest policy and procedures for commission members

Finding

The commission needs to develop a formal, written policy regarding potential conflicts of interest by its commission members. No statute requires written disclosure for commission members; however, without a means of identifying potential conflicts of interest and discussing and resolving them before they have an impact on decisions, members could be subject to questions concerning impartiality and independence. Documentation we reviewed during the audit did not disclose any conflicts of interest, but the commission can improve its current policy and procedures.

According to state law, “if any matter is brought before the commission that involves a project, transaction, or relationship in which a member or a member’s associated institution, business or agency has a direct or a conflicting interest, the member shall make known to the commission that interest and shall be excused from the proceedings.” This language is also included in commission rules and policies. However, these provisions merely require a member to recuse himself or herself from board proceedings when the member perceives a conflict, and no annual disclosure obligation is included.

In practice, the commission does require annual disclosure of financial interests. The executive director of the commission and the commission’s executive administrative assistant stated that annual disclosures are required. We reviewed correspondence to commission members asking them to sign disclosure forms, and we reviewed signed disclosure forms. In addition, we observed members signing forms during a February 14, 2006, commission meeting. The disclosure form states, “I certify that I have no financial interest, nor relatives who have a financial interest, in any business or agency that would receive financial gain by decisions made by me at the Commission on Aging. I agree to notify the Commission on Aging immediately if my status should change.”

However, there are potential conflicts other than financial interests. Based on our review of commission documentation and interviews with commission staff, the commission staff believed that the provisions of Section 8-50-506, *Tennessee Code Annotated*, apply to appointed commission members. However, this code section refers to employees “whose duties are to regulate, inspect, audit or procure goods or services or to administer tax laws” and requires these employees to disclose to their immediate supervisor any conflict or potential conflict of interest by the employee (or their immediate family) involving more than a \$5,000 interest in any private entity.” Although requiring commission members to disclose financial interests should be part of a conflict-of-interest policy, commission members can have conflicts of interest other than financial ones. For example, a conflict of interest could be a family member who is directly involved in the licensing or certification of a long-term care facility or with any other providers of services to the elderly or disabled.

A review of the completed and signed conflict-of-interest forms for the current commission members’ entire terms, found that ten members required to have conflict-of-interest forms on file for all years in their terms did not. One member’s file contained only one signed form from 2001. Two commission members did not have forms for 2006.

Policy and Disclosure

A conflict-of-interest policy defines what constitutes a conflict of interest and the conduct expected of commission members. Under that policy, a conflict-of-interest would include any circumstance in which a member’s individual interest impairs, or gives the appearance of impairing, his or her ability to make unbiased decisions or provide unbiased public services including but not limited to financial interests. A conflict-of-interest policy should be explained to commission members, examples should be provided, and annual disclosure and updates should be required.

Recommendation

The Commission on Aging and Disability should adopt and implement a written conflict-of-interest policy for its commission members. The policy should include a requirement that commission members update disclosures annually and whenever their circumstances change. The policy should also specify the procedures to be followed when a commission member needs to recuse himself from discussion on a particular issue. The commission chair should monitor to ensure that members sign conflict-of-interest forms annually.

Management’s Comment

We concur. Commission members are required to sign a conflict-of-interest certification when they become commission members and every year thereafter. However, the “Policies and Procedures for Services Contracted Through Area Agencies on Aging and Disability” Chapter 2 pertaining to the “Commission Organization and Conduct of Business” needs to be updated to

include: 1) the policy and procedure that the Commission Chair will take to ensure that commission members update disclosures annually and whenever their circumstances change; 2) the procedure to be followed when a commission member needs to recuse himself/herself from the discussion on a particular issue; and 3) an up-dated Conflict-of-Interest certification form that includes what would constitute a conflict-of-interest.

At the next commission meeting on February 13, 2007, all commission members will be asked to sign the Conflict-of-Interest certification that is currently in place. The commission staff will revise Chapter 2 of the “Policies and Procedures for Services Contracted Through Area Agencies on Aging and Disability” and present it to the commission for approval at the next quarterly meeting on May 8, 2007.

The consistent implementation of a conflict-of-interest policy allows the commission to make decisions in the best interest of those we are charged with serving.

3. The commission did not prepare reports cited in its Title VI Implementation Plan

Finding

The Title VI Implementation Plan prepared by the Tennessee Commission on Aging and Disability refers to two reports—(1) an annual review of compliance reports from area agencies on aging and disability and (2) an annual summary of monitoring activities and complaints. However, commission staff could not provide either document for auditor review. Without the information that should be in these reports, management cannot ensure that staff and the area agencies are complying with Title VI of the Civil Rights Act of 1964.

This federal law prohibits all programs or activities from discriminating against participants or clients based on race, color, or national origin and the Title VI Implementation Plans outline how the agency monitors compliance with Title VI. Section 4-21-901, *Tennessee Code Annotated*, requires each state governmental entity subject to the requirements of Title VI of the Civil Rights Act of 1964 to develop and submit a Title VI implementation plan to the Comptroller of the Treasury by June 30 of each fiscal year. The commission’s plan due on June 30, 2005, was submitted on September 19, 2005, and the plan due on June 30, 2006, was submitted by that date.

Description of Reports

The Title VI plan states,

The Title VI coordinator at the Tennessee Commission on Aging and Disability will compile an annual review of compliance reports prepared by area

agency or other grantee agency coordinators to insure that (a) the coordinator positions have been filled; (b) the coordinators have received orientation and/or sufficient information to fulfill their responsibilities; (c) the coordinators have sufficient information materials for administering the Title VI program; and (d) the area agency or other grantee agency coordinators have on file a current self-survey indicating the status of the Title VI compliance.

The plan also states that the “Title VI Coordinator of the Tennessee Commission on Aging and Disability will prepare an annual summary of monitoring activities and complaint processing. . . . Copies of the annual reports will also be maintained on permanent file and will be available for audit. Records will be maintained by the coordinator in the central files of the Commission on Aging.”

Both of these references lead the reader to believe that the commission prepares and has available reports produced by the Title VI coordinator and that the reports are based on a review of Title VI information received from the Area Agencies on Aging and Disability.

Our review of the documentation provided to us during the audit found that the commission does not have any summary report that compiles all information from the area agencies on aging.

Use of the Self-Survey

The commission’s implementation plan describes the Title VI self-survey process. As stated in the plan, each area agency Title VI coordinator completes the Title VI self-survey annually and mails it to the Title VI coordinator at TCAD no later than March 30 of each year. The Title VI Compliance Commission in the Tennessee Department of Personnel in its guidance regarding Title VI plans states that “data collection and analyses is an essential, critical component of a Title VI implementation strategy.”

The implementation plan has a Title VI Compliance Status checklist included in an appendix. That checklist has 12 questions along with a signature line and date for the commission coordinator and a status line for the coordinator to check yes or no for certification of compliance.

We reviewed the most recent self-surveys. Of the nine self-surveys we reviewed, only one of them used the checklist in the implementation plan appendix. Only three of the self-survey forms provided to us had been signed by the March 30 deadline, and none had been received by the commission prior to March 30. In addition, the self-surveys did not contain any evidence of review by the Title VI coordinator or certification that the area agencies were complying with Title VI policies of the commission. Therefore, we could not determine whether the self-surveys had been reviewed or information shared by the coordinator with commission management. The commission has the self-reported data from the area agencies but could not provide documentation of any review or analysis by commission staff.

Recommendation

Management, in conjunction with the Title VI Coordinator, should ensure that the commission is complying with the policies, procedures, and reporting activities outlined in the plan. When the plan states that a report will be produced based on documents reviewed by the Title VI Coordinator, the reports should be available and the documents should support the fact that a review of information supplied has been completed.

The commission should submit its annual Title VI Implementation Plan in a timely manner.

Management's Comment

We concur. Management ensures that the commission will comply with the policies, procedures, and reporting activities outlined in the plan. Effective January 10, 2007, the Title VI compliance responsibilities have been moved to the Quality Assurance section and the Quality Assurance Program Coordinator will serve as the Title VI Coordinator for the commission.

The Quality Assurance Program Coordinator will be responsible for desk monitoring for compliance with the civil rights program and providing technical assistance to Area Agencies and other contracting agencies. She will review records, analyze statistics to identify potential problems in civil rights compliance, provide technical assistance related to civil rights compliance, and compile an annual Title VI compliance program report. She will also submit the annual Implementation Plan by June 30, 2007.

The Quality Assurance team will conduct on-site monitoring of Title VI compliance during the annual visits to the Area Agencies. In turn, the monitoring tools that the Area Agencies use during the annual site visits of sub-recipients contain verification of Title VI compliance.

Ensuring compliance with Title VI across the aging and disability network protects the rights of all individuals.

RECOMMENDATIONS

ADMINISTRATIVE

The Commission on Aging and Disability should address the following areas to improve the efficiency and effectiveness of its operations.

1. The commission should ensure that annual quality assessments are made of all nine area agencies in order to comply with the Older Americans Act. In addition, the commission should develop comprehensive procedures for conducting quality assessments to document application of these procedures at each of the nine area agencies. Quality assessment procedures should include a review of the area agencies' monitoring procedures and findings regarding the actions of their respective service providers.
2. The commission should adopt and implement a written conflict-of-interest policy for its commission members. The policy should include a requirement that commission members update disclosures annually and whenever their circumstances change. The policy should also specify the procedures to be followed when a commission member needs to recuse himself from discussion on a particular issue. The commission chair should monitor to ensure that members sign conflict-of-interest forms annually.
3. Management, in conjunction with the Title VI Coordinator, should ensure that the commission is complying with the policies, procedures, and reporting activities outlined in the plan. When the plan states that a report will be produced based on documents reviewed by the Title VI Coordinator, the reports should be available and the documents should support the fact that a review of information supplied has been completed. The commission should submit its annual Title VI Implementation Plan in a timely manner.

Appendix 1 Title VI Information

All programs or activities receiving federal financial assistance are prohibited by Title VI of the Civil Rights Act of 1964 from discriminating against participants or clients on the basis of race, color, or national origin. In response to a request from members of the Government Operations Committee, we compiled information concerning federal financial assistance received by the Tennessee Commission on Aging and Disability and the commission's efforts to comply with Title VI requirements. The results of the information gathered are summarized below.

According to *The Budget: Fiscal Year 2005-06*, the Commission on Aging and Disability should receive \$24.5 million in federal assistance in fiscal year 2006. This funding is from the U.S. Department of Health and Human Services Administration on Aging pursuant to the Older Americans Act of 1965. A list of programs and funding amounts can be found in Appendix 2.

According to the Tennessee Commission on Aging and Disability Title VI Implementation Plan dated July 2005, the commission's official policy is that it will fully comply with Title VI of the Civil Rights Act of 1964 and will require similar compliance from the aging and disability service network in Tennessee.

Commission Funding of Area Agencies on Aging and Disability

As required by the federal Older Americans Act of 1965, the Tennessee Commission on Aging and Disability designated Area Agencies on Aging and Disability in nine planning and service areas across the state. Each of the nine area agencies receives an allocation of the commission's federal funding. The dollar amount provided to each area agency is based on a funding formula (developed by the commission) and approved by the federal Administration on Aging. The funding formula is used in conjunction with the most recent U.S. Census data on the aging population in each service area.

Each area agency contracts with service providers for transportation, homemaker, nutrition, public guardianship, and other services for the aging and disabled population of Tennessee. According to the Title VI Implementation Plan, 26 minority service providers as of June 2005. However, the agency could not provide us with the total number of service providers in order to determine the percentage of service providers that are minorities.

Minority Contracts

The plan states that the nine area agencies had 26 minority service providers in fiscal year 2005 as follows:

	Area Agency on Aging and Disability*	Total Dollar Amount of All Minority Service Provider Contracts	Service Provider Name
1	East Tennessee	\$153,604	Helping Hands Home Assistance
2	Southeast Tennessee	\$241,902	Good Neighbors Sharon’s Adult Daycare Rose of Sharon Villa Kelly Adult Daycare
3	Upper Cumberland	\$4,500	Clark United Methodist Church
4	Greater Nashville Regional Council	\$257,335	Friendship Home Health Care Better Home Health Services Ponciana Ridge Albert Ross Tharpe Services Premier Home Health
5	South Central Tennessee	\$1,439	Friendship HealthCare Systems, Inc.
6	Northwest Tennessee	\$5,128	Albert Ross Tharpe Services
7	Southwest Tennessee	\$5,883	Albert Ross Tharpe Services West Madison Senior Center
8	Aging Commission of the Mid South	\$583,260	Companion Plus Fayette County COA Friends “R” Us, Inc. Goodwill Homes Community Services Memphis Area Legal Services Spirit, Soul, and Body Provider Touch of Care Services Superior Care of Tennessee Elder Care Home Health Caregivers, Inc. Adult Care and Enrichment

* First Tennessee Area Agency on Aging and Disability does not have any minority contracts.

Title VI Plan and Coordinator

The Community Services Coordinator serves as the commission’s Title VI Coordinator. Title VI responsibilities include

- developing and implementing the commission’s Title VI Plan,
- investigating and resolving Title VI complaints, and
- serving as a resource for local Title VI coordinators in the nine Area Agencies on Aging and Disability offices.

The commission submitted the July 2005 Title VI Implementation Plan late. Plans are required to be submitted to the Office of the Comptroller of the Treasury by June 30 of each year. The commission's plan was submitted on September 19, 2005. However, the 2006 plan was submitted on time.

Monitoring

The commission monitors Title VI activities through the assurances provided by the area agencies in their plans, the commission's Quality Assurance process, and self-surveys completed by the area agencies.

Area Agency Assurances

The nine Area Agencies on Aging and Disability and their service providers are required by the commission to submit Title VI Assurance Statements in their annual plan. Signed by the director of the area agency or service provider, the assurance statement declares that all services and programs comply with Title VI provisions.

Quality Assurance Review of Title VI Activities

The commission has a Quality Assurance team that is responsible for annual program audits of each area agency. The monitoring process includes a review of Title VI compliance using a checklist developed to determine the area agencies' compliance with Title VI procedures. The checklist includes questions about contracts for services and whether they contain a Title VI statement of compliance; and whether the area agency is confident that each of their sub-contracts or vendors, if any, is clearly aware of your agency's commitment to Title VI. We reviewed reports of four completed Quality Assessments from May 2005 to December 2005 and found that none of the four reports had any findings or recommendations regarding Title VI.

Self-Surveys

The self-survey is used by the Title VI Coordinator to determine the need for technical assistance and training at the area agency level. Each area agency is required to submit the completed self survey annually by March 30. Area agencies are required to administer the self-survey to their service providers annually during an on-site visit. Results are sent to the commission's Title VI coordinator. The self survey requires the area agency to answer questions yes or no. Example: All clients are specifically informed about their individual rights under Title VI. During our analysis of the most recent self-surveys submitted, we found that all area agencies are not using the checklist from the Implementation Plan appendix, self-surveys are not submitted timely, and it is not apparent that the coordinator is reviewing self-surveys. (See finding 3.)

Title VI Complaints

Anyone alleging racial/ethnic discrimination may file a complaint with the area agency, the Tennessee Commission on Aging and Disability, or the U.S Department of Health and Human Services. Complaints are investigated at the area agency. At the discretion of the complainant, an appeal of a finding can be made to the commission’s Title VI Coordinator. The commission has developed forms for use in filing complaints at the area agency and commission level. The commission has not had any Title VI complaints filed.

**Commission on Aging and Disability
Staff by Title, Gender, and Ethnicity
As of February 2006**

<i>Title</i>	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Accounting Technician 1		1					1	
Accounting Technician 2		1					1	
Accountant 3		1					1	
Administrative Assistant 1		1					1	
Administrative Services Assistant 4	1						1	
Administrative Services Manager	1						1	
Administrative Secretary		2		1			1	
Aging Executive Director		1					1	
Aging Program Coordinator	1	3		2			2	
Aging Program Specialist		2					2	
Aging Program Supervisor		3					3	
Auditor 3	1						1	
Clerk 2	1						1	
Executive Administrative Assistant 2		1					1	
Information Resource Specialist 3	1	1					2	
Information Resource Specialist 5	1						1	
Public Health Nurse Consultant 1		2					2	
Totals	7	19	0	3	0	0	23	0
Percentages	27%	73%	0%	12%	0%	0%	88%	0%

The Commission on Aging and Disability has a 25-member board. As of February 13, 2006, there were two vacancies. We obtained information on the gender and ethnicity of the appointed board members from the commission's Title VI Coordinator. Based on that information, as shown in the following table, 52% of the commission members are male and 74% are white.

**Commission on Aging and Disability
Commission by Gender and Ethnicity
As of February 2006**

<i>Title</i>	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Commission Member	12	11	1	5	0	0	17	0
Percentages	52%	48%	4%	22%	0%	0%	74%	0%

Appendix 2
Tennessee Commission on Aging and Disability
Funds Allocated to Area Agencies on Aging and Disability by Federal Program
FYE 2006*

Area Agency on Aging and Disability	Program Name											<u>Total Federal</u>	
	Administrative	Administrative	Supportive Services	Congregate Meals	Home Delivered Meals	Preventive Health	Medication Management	Family Caregiver	Ombudsman	Elder Abuse			
	<u>III-C 1</u>	<u>III-E</u>	<u>III-B</u>	<u>III-C 1</u>	<u>III-C 2</u>	<u>III-D</u>	<u>III-D</u>	<u>III-E</u>	<u>NSIP</u>	<u>VII</u>	<u>VII</u>	<u>SHIP</u>	
First Tennessee AAA	179	27	659	431	343	30	10	244	177	28	10	50	2,188
East Tennessee AAA	247	50	1,288	842	671	58	20	477	384	55	19	50	4,161
Southeast Tennessee AAA	184	29	734	480	382	33	11	272	165	31	11	50	2,382
Upper Cumberland AAA	172	25	489	320	255	22	8	181	123	21	7	50	1,673
Greater Nashville Regional Council	236	47	1,231	805	641	56	19	456	434	52	18	50	4,045
South Central Tennessee AAA	175	26	574	375	299	26	9	213	191	24	8	50	1,970
Northwest Tennessee AAA	157	20	465	304	242	21	7	172	106	20	7	50	1,571
Southwest Tennessee AAA	151	17	389	254	202	18	6	144	114	17	6	50	1,368
Aging Commission of the Mid South	204	36	1,129	738	588	51	17	418	356	48	16	50	3,651
Totals	1,705	277	6,958	4,549	3,623	315	107	2,577	2,050	296	102	450	23,009

*Amounts rounded to thousands

Appendix 3
Tennessee Commission on Aging and Disability
Funds Allocated to Area Agencies on Aging and Disability by State Program
FYE 2006*

Area Agency on Aging and Disability	Program Name						Allocation	Total State
	Non-Waiver Home and Community Based Services	Public Guardianship for the Elderly	Senior Nutrition	Senior Centers	Homemaker	Caregiver		
First Tennessee	44	96	69	95	37	46	413	800
East Tennessee	44	113	124	180	67	89	764	1,381
Southeast Tennessee	44	109	69	105	38	51	430	846
Upper Cumberland	44	117	48	100	26	34	293	662
Greater Nashville Regional Council	44	111	118	163	64	85	731	1,316
South Central Tennessee	44	102	52	102	29	40	329	698
Northwest Tennessee	44	75	42	76	23	32	266	558
Southwest Tennessee	44	83	38	67	20	27	232	511
Aging Commission of the Mid South	44	109	102	113	56	78	642	1,144
Totals	396	915	662	1,001	360	482	4,100	7,916

*Amounts rounded to thousands

Appendix 4
Tennessee Commission on Aging and Disability
Total Funds Allocated to Area Agencies on Aging and Disability by AAAD
FYE 2006*

Area Agency on Aging and Disability	Federal Funds	State Funds	Total by Agency
First Tennessee AAAD	2,188	800	2,988
East Tennessee AAAD	4,161	1,381	5,542
Southeast Tennessee AAAD	2,382	846	3,228
Upper Cumberland AAAD	1,673	662	2,335
Greater Nashville Regional Council	4,045	1,316	5,361
South Central Tennessee AAAD	1,970	698	2,668
Northwest Tennessee AAAD	1,571	558	2,129
Southwest Tennessee AAAD	1,368	511	1,879
Aging Commission of the Mid South	3,651	1,144	4,795
Totals	23,009	7,916	30,925

*Amounts rounded to thousands

Appendix 5
Tennessee Commission on Aging and Disability
Program Information

Program Name	Program Description
Administrative Funds III C-1	Funds for the administration of the III C-1 Nutrition Program
Administrative III-E	Funds for the administration of the III National Family Caregiver Support program
Supportive Services III-B	Community Based Service Programs for the elderly
Congregate Meals III C-1	Nutrition Services – elderly meals program for meals in group settings
Home Delivered Meals III C-2	Nutrition Services – elderly meals program for home delivered meals
Preventive Health III-D	Funds preventive health programs at senior centers
Medication Management III-D	Counsels and assists elderly in medications including over the counter products
Family Caregiver III-E	National Family Caregiver Support program - assistance to family caregivers providing care to relatives. Assistance includes information about and access to services, caregiver training and counseling, etc.
NSIP – Nutrition Services Incentive Program	Assists elderly meal programs by providing incentives to meal programs
Ombudsman Title VII	Funding for programs to provide elderly long term care patients with an advocate to assist with care issues, handle complaints and maintain records of complaints, and encourage citizen’s groups to be aware of long term care issues
Elder Abuse Title VII	Fund for public awareness programs regarding elderly abuse, how to identify it and report it
State Health Insurance Assistance Program	Provides free assistance to elderly clients with Medicare or other insurance problems
Non-Waiver Home and Community Based Services	Program for elderly and disabled person who do not qualify for long-term care assistance under the state medical program but need services in order to remain in their home and stay independent
Public Guardianship for the Elderly	Assistance for elderly individuals by providing financial management assistance and health care assistance
Senior Nutrition	Funds for congregate and home delivered meals
Senior Centers	Provides assistance to Senior Centers including public awareness programs, information and referral assistance.
Homemaker	Provides elderly clients with housekeeping, laundry and food preparation assistance
Caregiver	Assistance to family caregivers
Allocation	Home and Community Based fund distributed according to proportion of elderly population