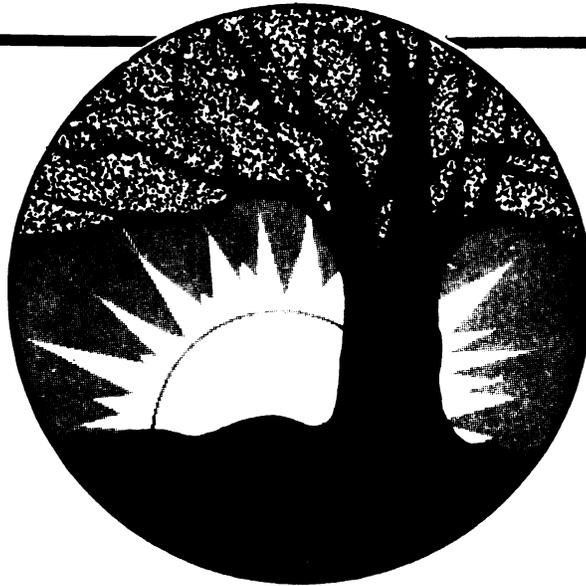


PERFORMANCE AUDIT

Tennessee Commission on Aging and Disability
January 2011



Justin P. Wilson
Comptroller of the Treasury



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January 13, 2011

The Honorable Ron Ramsey
Speaker of the Senate
The Honorable Beth Harwell
Speaker of the House of Representatives
The Honorable Bo Watson, Chair
Senate Committee on Government Operations
The Honorable Jim Cobb, 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 Tennessee Commission on Aging and Disability should be continued, restructured, or terminated.

Sincerely,

Arthur A. Hayes, Jr., CPA
Director

AAH/dlj
10-049

State of Tennessee

Audit Highlights

Comptroller of the Treasury

Division of State Audit

Performance Audit
Tennessee Commission on Aging and Disability
January 2011

AUDIT OBJECTIVES

The objectives of the audit were to review the services available to and the planning for a growing elderly population; to determine whether the commission is completing timely and structured monitoring of the area agencies; to review funding and volunteer recruitment for the state's long-term care ombudsman program; and to determine whether the commission has completed evaluations of the Executive Director.

FINDINGS

The Commission Still Failed to Comply With Subrecipient Monitoring Requirements, Increasing the Risk That Lack of Compliance With Program Requirements by Area Agencies and Service Providers Went Undetected

The commission's Quality Assurance Section is responsible for assessing the nine area agencies' compliance with federal Administration on Aging program requirements and performing the monitoring reviews required under the Tennessee Department of Finance and Administration's Policy 22, "Subrecipient Contract Monitoring." (The area agencies received from the commission \$38 million in state and federal funding for fiscal year 2010). However, the commission has not completed quality assurance reviews of area agencies and has not adhered to the requirements of the state's Subrecipient Contract Monitoring Policy. The commission did not submit reports in a timely manner, obtain plans of correction, or complete assessments of all program

components. In addition, since the commission did not monitor all area agencies annually, there is no assurance that each area agency is monitoring service providers (there were 369 service providers in fiscal year 2010) as required by the commission's policy manual. The prior audit, dated March 2007, contained a finding that the commission had not completed quality assurance reviews of all area agencies. (page 7).

One Area Agency on Aging Still Does Not Have Any Volunteer Ombudsmen, and Recruiting and Retaining Volunteer Ombudsmen Continues to Be a Problem

Authorized by the Older Americans Act, long-term care ombudsmen are advocates for residents of long-term care facilities. The commission employs a state long-term care ombudsman, who supervises the statewide program and provides technical assistance and training for the area agency ombudsmen. Each area agency contracts with a provider who

serves as the district long-term care ombudsman and carries out the duties of the office in each area through paid staff and trained volunteers (who are not paid). Long-term care ombudsmen agree that a strong volunteer component is crucial to the program's success. As of June 2010, the Southwest Area Agency on Aging and Disability did not have any volunteer ombudsmen. This agency also had no volunteer ombudsmen at the time of fieldwork for the commission's March 2007 performance audit. Commission program management and staff confirmed that recruiting and retaining volunteer ombudsmen continues to be a problem. The recruiting and retention of volunteer ombudsmen is even more critical because a 2008 report by the Centers for Medicare and Medicaid Services ranked Tennessee nursing homes overall as the third worst in the nation, and an Administration on Aging comparison of the number of volunteers and full-time ombudsman staff by state found that, for federal fiscal year 2008, Tennessee had the fewest full-time ombudsman staff in Region IV (page 11).

The Commission Needs to Coordinate and Take the Lead in the State's Preparation for the Increased Demand on Services by the Growing Aging Population

As the agency responsible for the aging program network in the State of Tennessee, the commission needs to plan for the future increase in the state's aging population. Census

projections estimate that by 2030, the number of U.S. adults age 65 or older will more than double 2000 census numbers to about 71 million. This rapidly increasing number of older Tennesseans will place unprecedented demands on aging-related services. Both the commission and consultants have pointed out the looming increase in the number of elderly residents and the need to determine if the framework is in place to meet the demand for services that the increase will bring. In its *Tennessee State Plan on Aging 2009 – 2013*, the commission states that Tennessee ranks 16th in the U.S. for a population 65 years of age or older and 46th in spending for this population. The plan also says that the commission's ability to keep up with the demand for services is compromised, its current capacity is inadequate, and creative approaches are needed to address support services, create easier access to services, and streamline enrollment. However, the plan does not give specific examples of how the commission intends to accomplish this or address future funding of services. Advocacy groups and commission members expressed their concerns about a perceived lack of long-term vision and planning, and said the commission needs more interaction with service providers and needs to collaborate with other agencies providing elderly services in the state (page 17).

OTHER AUDIT WORK

The audit also discusses the commission's evaluations of the Executive Director (page 22).

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 4-29-232, the Tennessee Commission on Aging and Disability is scheduled to terminate June 30, 2011. 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 Tennessee Commission on Aging and Disability should be continued, restructured, or terminated.

OBJECTIVES OF THE AUDIT

The objectives of the audit were

1. to review the services available to and the planning for a growing elderly population;
2. to determine whether the commission is completing timely and structured monitoring of the area agencies;
3. to review funding and volunteer recruitment for the state's long-term care ombudsman program; and
4. to determine whether the commission has completed evaluations of the Executive Director.

SCOPE AND METHODOLOGY OF THE AUDIT

The activities of the Tennessee Commission on Aging and Disability were reviewed for the period July 2007 to October 2010. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. Methods used included

1. review of applicable legislation and policies and procedures;
2. examination of the entity's records, reports, and information summaries;
3. attendance at a quarterly commission meeting;
4. interviews with commission staff; and
5. interviews with staff of other state agencies that interact with the commission.

STATUTORY RESPONSIBILITIES, ORGANIZATION, AND FUNDING

Purpose of the Commission

Pursuant to Section 71-2-102, *Tennessee Code Annotated*, the Commission on Aging and Disability 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, as the state's designated unit on aging. In 2001, the General Assembly passed legislation that expanded the commission's authority to include services to disabled persons over age 18.

The powers and duties of the commission listed under Section 71-2-105, *Tennessee Code Annotated*, include the following:

- 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, 2010, the commission received \$14 million in state appropriations, \$30 million in federal funds (including \$2 million of American Recovery and Reinvestment Act [ARRA] funding), and \$9.9 million in other revenue and had total expenditures of \$54 million.

Commission Membership and Staff

The commission is a 25-member policy formation and decision-making board including 23 members appointed by the Governor and 2 non-voting representatives from the General Assembly. The Governor-appointed members include 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.

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. At least one-half of the membership should be representative of the population served. As of June 2010, commission membership meets these requirements (see Appendix 2).

The commission consists of an Executive Director and 26 staff. See the organization chart on page 5.

AREA AGENCIES ON AGING AND DISABILITY

Structure

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. Each of the nine area agencies is the principal agent of the commission for carrying out the mandates of the federal Older Americans Act and state funded programs. A map indicating the area agencies and counties they serve is on page 6.

Planning and Programs

The commission is required by the Older Americans Act to submit a plan to the federal Administration on Aging for supervising the state's aging programs. The plan may cover a two-, three-, or four-year period determined by the state agency. The commission submitted the *Tennessee State Plan on Aging 2009 – 2013* on June 25, 2009, and received approval on September 15, 2009. The federal act stipulates that the commission have each area agency submit for approval an annual area plan for programs. Commission staff review each area agency plan and present it to the commission members at a regularly scheduled meeting for their approval. 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 1 for a description of the programs.

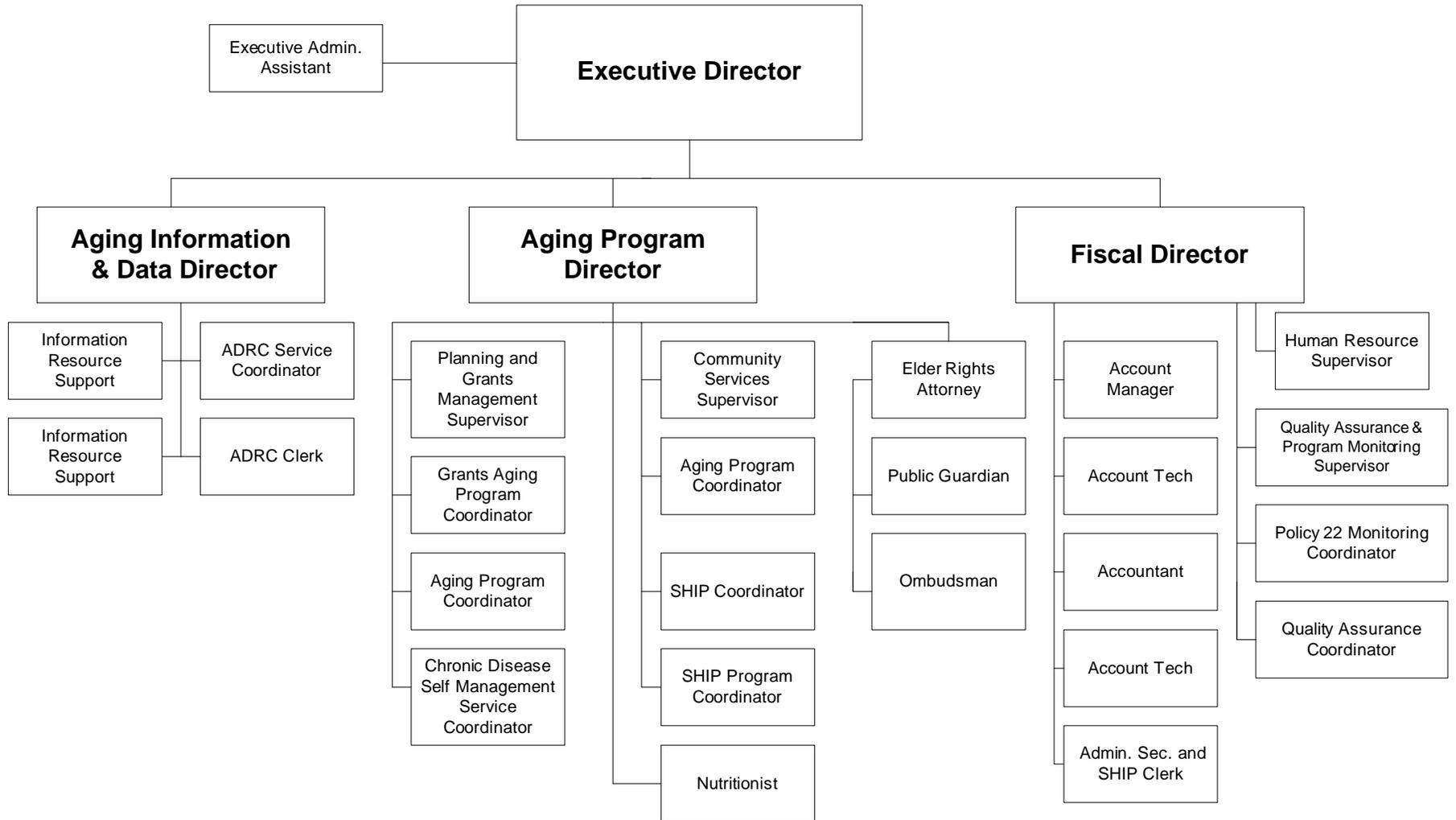
Funding and Monitoring

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 requirements for that formula are set forth in the Older Americans Act, and the formula is based on the state's elderly population. The commission's federal funding formula was approved by the Administration on Aging on September 15, 2009, as part of the *Tennessee State Plan on Aging 2009 – 2013*. The state funding formula is used to distribute funds for state-funded programs such as senior centers. When the federal funding formula is updated and/or modified, commission policies require that the state formula must also be updated and/or modified.

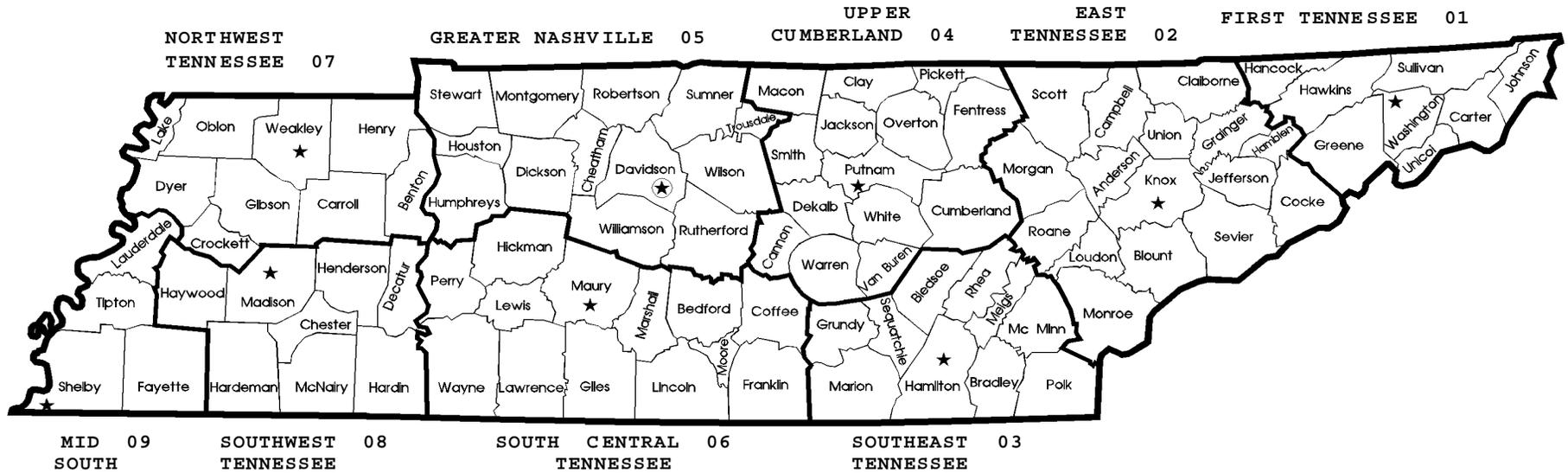
The area agencies on aging and disability received from the commission \$38 million in the fiscal year ended June 30, 2010, and contracted with approximately 369 different service providers to furnish the programs and services for eligible participants. The area agencies submit monthly funds requests to the commission based on expenditures that will be made to carry out the area agencies' plans. The commission's fiscal management tracks expenditures by reconciling the request to actual expenditures and ensuring that the area agencies are expending these funds according to their plan and meeting contract requirements and Older Americans Act assurances. Area agencies also submit quarterly financial reports to the commission which are reviewed by fiscal management.

The Older Americans Act requires the commission to conduct periodic evaluations of services provided using the federal funding. To accomplish this, the commission uses the Department of Finance and Administration's Policy 22 and performs quality assessments of the area agencies on aging and disability. The quality assessments of the area agencies and the service providers include both program and financial components. The nine area agencies are required to annually assess their service providers (including a site visit) prior to renewing contracts.

**Tennessee Commission
on Aging and Disability
July 1, 2010**



TENNESSEE AREA AGENCIES ON AGING AND DISABILITY



01 First Tennessee AAAD	04 Upper Cumberland AAAD	07 Northwest AAAD
First TN Development District	Upper Cumberland Development District	Northwest Development District
Johnson City, TN	Cookeville, TN	Martin, TN
02 East Tennessee AAAD	05 Greater Nashville AAAD	08 Southwest AAAD
East TN Human Resource Agency	Greater Nashville Regional Council	Southwest TN Development District
Knoxville, TN	Nashville, TN	Jackson, TN
03 Southeast Tennessee AAAD	06 South Central TN AAAD	09 Aging Commission of the Mid South AAAD
Southeast TN Development District	South Central TN Development District	Aging Commission of the Mid South
Chattanooga, TN	Columbia, TN	Memphis, TN

FINDINGS AND RECOMMENDATIONS

1. The commission still failed to comply with subrecipient monitoring requirements, increasing the risk that lack of compliance with program requirements by area agencies and service providers went undetected

Finding

The commission's Quality Assurance Section is responsible for assessing the nine area agencies' compliance with federal Administration on Aging program requirements and performing the monitoring reviews required under the Tennessee Department of Finance and Administration's Policy 22, "Subrecipient Contract Monitoring." (The area agencies received from the commission \$38 million in state and federal funding for fiscal year 2010.) However, the commission has not completed quality assurance reviews of area agencies and has not adhered to the requirements of the state's Subrecipient Contract Monitoring Policy. The commission did not submit reports in a timely manner, obtain plans of correction, or complete assessments of all program components. In addition, since the commission did not monitor all area agencies annually, there is no assurance that each area agency is monitoring service providers (there were 369 service providers in fiscal year 2010) as required by the commission's policy manual. The prior audit, dated March 2007, contained a finding that the commission had not completed quality assurance reviews of all area agencies. In its response to that finding, the commission stated that it had taken steps to remedy the problems identified.

Administration on Aging Monitoring Requirements of the Federal Government

The federal Older Americans Act requires that each state agency on aging (the commission is the designated agency on aging for Tennessee) conduct periodic evaluations of activities carried out under its aging plan. The Older Americans Act specifies that "periodic" means, at a minimum, once each fiscal year. The commission's quality assurance program uses a monitoring tool that focuses on aging programs such as Information and Assistance, State Health Insurance Assistance Programs (SHIP), Aging and Disability Resources, Senior Centers, Nutrition Programs, Options, National Family Caregivers, Statewide Home and Community Based Services, Legal Assistance, Ombudsman, Public Guardians, Title VI, Area Agency, and Fiscal Review.

Department of Finance and Administration's Policy 22, "Subrecipient Contract Monitoring"

Policy 22 requires each agency to submit an annual monitoring plan for review and approval by October 1 of each year. The plan must meet two main criteria:

1. agencies must monitor a minimum of one-third of the total number of all subrecipient contracts executed by their agency; and

2. the current year maximum liability value of these contracts must be equal to or greater than two-thirds of the current year aggregate maximum liability value of the agency's entire subrecipient grant population.

The commission assigns a risk assessment of high, medium, or low to all subrecipients and considers how recently the subrecipient has been monitored, and whether prior reviews had findings with serious deficiencies. Policy 22 specifies core monitoring areas that include Title VI of the Civil Rights Act of 1964 and core areas defined by the OMB Circular A-133 Compliance Supplement. Reporting requirements of Policy 22 state that a report must be issued, summarizing any findings and/or observations identified during monitoring reviews, within 30 business days after fieldwork. Also, upon receipt of the monitoring report, the subrecipient is required to prepare a corrective action plan outlining the steps it will take to correct findings identified in the monitoring report.

Commission's Policy Manual Chapter 5 Requires Annual Monitoring Prior to New Contracts

Chapter 5 of the commission's policy manual requires area agencies to monitor each service provider annually prior to recontracting. The manual also includes Policy 22 requirements for area agencies to issue reports within 30 business days after fieldwork and require subrecipient corrective action plans. Annual quality assessments help ensure that the area agencies identify any problems and resolve them before contracts are renewed.

Non-compliance With Approved Monitoring Plan and Policy 22

The commission's fiscal year 2007-08 monitoring plan, as approved by F&A, stated that the commission would monitor all nine area agencies. Quality Assurance staff completed reviews of six of the nine during that period. Of the six agencies reviewed, four reports on the results of those reviews were not issued within 30 working days of the site visits as required by Policy 22. Two of these four reports were not issued until August 2010 (over two years after the dates of the reviews), and although there were findings/recommendations, the area agencies did not have a plan of correction as required by Policy 22. (The other two late reports were issued 74 days and 92 days after the site visits; for both of these reviews, the area agencies submitted plans of correction.) Five of the six completed reports contained program component sections that were either blank or missing information regarding whether the reviewers had identified any recommendations.

The commission's fiscal year 2008-2009 monitoring plan, approved by F&A, also included monitoring of all nine area agencies. Eight of the nine were reviewed, but only two had reports issued within 30 working days of the site visits. Five reports from fiscal year 2009 were not issued until August 2010 (from 8 to 19 months after the dates of the five reviews), and four of these reports contained findings/recommendations but did not have plans of correction. (The sixth late report was issued a little over two months after the site visit, and the agency did submit a plan of correction.) Five of the eight reports contained sections within the report that were either blank or missing information regarding whether the reviewers had identified any recommendations.

Fiscal Year	Number of Agencies to Be Monitored Per Plan	Number of Agencies Monitored	Agencies Not Monitored	Monitoring Reports Not Issued Within 30 Working Days	Monitoring Reports With Blank Components	Agencies Monitored and With Findings but Without a Plan of Correction
2008	9	6	3	4 of 6	5 of 6	2 of 6
2009	9	8	1	6 of 8	5 of 8	5 of 7*

*One agency was monitored but had no findings. This report did have a blank section and missing information, and was issued 11 months after the review.

Auditors inquired as to why the two reports from fiscal year 2008 and five reports from fiscal year 2009 were not sent out until August 2010 and why there were so many inconsistencies and blank sections in the reports. Quality Assurance staff stated that the commission had “dropped the ball” on this issue and that there was just too much to do and not enough staff to do everything. Staff admitted that the information in the reports was not consistent. Based on these comments, when sections are left blank or components are missing, auditors concluded that work was not done.

The Quality Assurance Supervisor stated, “Whenever monitoring of the area agencies does not happen during the regular review cycle, the subsequent monitoring visit begins retroactive to the time of the last review up to the present time. In other words, two years of monitoring activities occurred during the one visit.” This does not assure the commission that the area agencies have reviewed their service providers as required by their contract with the commission.

Department of Finance and Administration’s Review of Policy 22 Compliance Also Found Problems

In 2008, the Department of Finance and Administration’s Office of Internal Audit issued a report on Policy 22 compliance that included a review of the commission’s 2006 Quality Assurance process. That report noted that although the commission attempted to comply with Policy 22, it appeared as though “their monitoring staff did not have an adequate understanding of the process.” According to the report, the Office of Internal Audit provided assistance to the commission staff to help address their understanding of the process.

No 2010 Quality Assurance Reports Completed as of August 2010

During the current audit, we asked the commission to provide completed quality assurance reviews for fiscal year 2010 (the commission’s approved plan included reviewing six area agencies between October 2009 and September 2010). As of August 2010, the commission did not have any completed 2010 reviews. The commission has had staff turnover and lost some Quality Assurance staff during the 2010 fiscal year; however, the workload for Quality Assurance also diminished during that period because the commission is no longer performing quality assurance for the TennCare Home and Community Based Waiver program. Staff said that TennCare asked that all of the commission’s quality assurance work for that program be completed prior to the end of that program in February 2010. The commission completed the work TennCare requested, but staff said the result was a delayed start on the area agency monitoring.

Financial Audits of Area Agencies Not Submitted as Required

The nine area agencies, as part of a human resource agency or development district, are subject to annual financial audits that are conducted by public accounting firms. The commission's contracts with the area agencies require them to submit audited financial statements to the commission annually. Because these audited financial statements could be a useful tool for monitoring the area agencies, we obtained the most recent financial statements submitted to the commission. Four area agencies had submitted fiscal year 2008 statements; four had 2007 as the most recent statements submitted; and one had not submitted any audited financial information since fiscal year 2002.

Reasons for Timely and Periodic Quality Assessments

Monitoring the activities of area agencies as well as ensuring that the area agencies are monitoring their subrecipients is necessary to ensure that federal program funds are used for authorized purposes and in compliance with laws, regulations, and contractual provisions. Because the commission has not conducted annual monitoring visits for all area agencies, the commission cannot assure compliance with the federal and state requirements regarding programs for older and disabled citizens. In addition, the commission cannot ensure that the area agencies are monitoring their service providers as required.

Recommendation

The commission should ensure that annual quality assessments are made of all nine area agencies. The commission should fulfill the requirements of its monitoring plans. Reports should be complete, issued within 30 working days of site visits, and followed by a plan of correction. In addition, the commission should ensure that the area agencies and their subrecipients are complying with program requirements. Quality Assurance management should carefully review all reports for consistency and ensure that information is not missing. Because monitoring is an important control mechanism, commission management should plan to meet their monitoring obligations.

Management's Comment

We concur. Supervision of the Policy 22 monitoring team is now managed under the commission's new fiscal director. The monitoring team has no other duties except for monitoring responsibilities. Policy 22 requirements are now tied to the monitor's job performance plan. The monitoring schedule is published, reviewed, and maintained at the Executive Director's level. Our information technology resources are now used to track and ensure that reports are completed in a timely and thorough fashion. Corrective action plans are received and reviewed by the monitoring team and appropriate program staff. All reports and associated documents are maintained electronically in a central file that is easily accessible and password protected. At each quarterly commission meeting, the audit committee reviews the status of the Policy 22 monitoring schedule and reviews report findings, if any, and follows up on

plans of correction. The commission is currently updating its policy and procedure manual to coincide with the requirements set forth by the Administration on Aging and our Policy 22 annual monitoring plan.

Plan for Implementation: All corrective actions were implemented prior to the FY2010-2011 Policy 22 Plan being submitted to Finance and Administration, except the update of the policy and procedure manual. This action will be implemented no later than January 31, 2011.

2. One area agency on aging still does not have any volunteer ombudsmen, and recruiting and retaining volunteer ombudsmen continues to be a problem

Finding

As of June 2010, the Southwest Area Agency on Aging and Disability did not have any volunteer ombudsmen. This agency also had no volunteer ombudsmen at the time of fieldwork for the commission's March 2007 performance audit. Commission program management and staff confirmed that recruiting and retaining volunteer ombudsmen continues to be a problem.

Authorized by the Older Americans Act, ¶307(a)(9)CFR, long-term care ombudsmen are advocates for residents of long-term care facilities. Both the Older Americans Act and Section 71-2-109, *Tennessee Code Annotated*, provide for a state office of the long-term care ombudsman with the responsibility for establishing and operating a statewide program in each area agency. The commission employs a state long-term care ombudsman who supervises the statewide program and provides technical assistance and training for the area agency ombudsmen. Each area agency contracts with a provider who serves as the district long-term care ombudsman and carries out the duties of the office in each area through paid staff and trained volunteers (who are not paid).

According to the U.S. Department of Health and Human Services' Office of Inspector General, the long-term care ombudsman program is distinct from other programs because of its reliance on volunteers who create an ongoing presence in long-term care facilities. Long-term care ombudsmen agree that a strong volunteer component is crucial to the program's success; volunteers act as their "eyes and ears" in facilities. A Congressional Research Report concluded that the workload of staff and volunteers in the ombudsman program is substantial and used a ratio of staff to beds as a program measure.

The long-term care ombudsman program plays a critical role in the safety and quality-of-life issues for the elderly and disabled population. Ombudsmen investigate and resolve complaints made by or for residents of long-term care facilities, educate consumers and long-term care providers about residents' rights, and promote community involvement through volunteer opportunities. Examples of complaints are unanswered requests for assistance; inadequate or no discharge/eviction notice or planning; lack of respect for residents and poor staff attitudes; quality, quantity, variation, and choice of food; and medications administration.

District long-term care ombudsmen recruit volunteers by making presentations at senior centers and other community groups, and through public service announcements in the media. A brochure is available on the commission's website with information on how to become a volunteer and what the responsibilities of a volunteer ombudsman are. Volunteer ombudsmen (who are supervised by the district long-term care ombudsman) visit residents in nursing homes and other long-term care facilities, and provide residents with information about quality-of-care and quality-of-life rights. In addition, the volunteers observe conditions in the facilities, advocate for residents, and handle uncomplicated complaints.

In 2002, Pennsylvania began a program called Empowered Expert Residents (PEER). The program trained long-term care facility residents to advocate for themselves. Pennsylvania has had approximately 1,100 graduates of the PEER program who advocate for 150 long-term care facilities. In September 2010, the commission hosted PEER staff to train ombudsmen from all nine area agencies. Commission staff are optimistic that this will increase the pool of volunteer ombudsman representatives in Tennessee. The commission has initiated a task force of commission staff, area agency directors, and ombudsmen to study emerging issues with the long-term care ombudsman program. The first meeting was held in November 2010 and included two representatives from the federal Administration on Aging.

2007 Performance Audit

The March 2007 performance audit of the commission reported that the Southwest Area Agency on Aging and Disability did not have any volunteer long-term care ombudsman representatives. The commission, in its 2005 Quality Assessment of the Southwest Area Agency on Aging and Disability, stated that "without the use of approved, trained volunteers the depth of service provided by the ombudsman is severely limited." Southwest submitted a Plan of Correction that included methods to encourage volunteer recruitment (including the use of billboards) and an objective to recruit six volunteers. The Southwest Area Agency on Aging and Disability reported two volunteers in federal fiscal year 2009 but as of June 2010 did not have any volunteer ombudsmen.

Ombudsman Full-Time Staff, Volunteers, and Complaints

Chapter 9 of the commission's policy manual describes the requirements for each area agency's District Long-Term Care Ombudsman program. These are (1) complaint resolution, (2) issues identification and activity, (3) recruiting, training, and supervising volunteers, (4) promoting citizen organizations' participation in the program, and (5) public education. The initial training for volunteers is 12 to 14 hours and on-site supervision of 2 to 3 hours by the district ombudsman. Thereafter, ongoing training is 12 hours per year. Because seven of the nine agencies have an ombudsman provider with only one employee, this is a demanding list of responsibilities. A 2008 report by the Centers for Medicare and Medicaid Services ranked Tennessee nursing homes overall as the third worst in the nation. This makes the recruiting and retention of volunteer ombudsmen even more critical.

Table 1 compares the number of volunteer ombudsmen, full-time ombudsman program staff, and complaints. The number of volunteer ombudsmen for six of the nine area agencies decreased from 2009 to 2010. Greater Nashville and Mid South have two full-time, paid ombudsman staff while the other seven area agencies have one full-time paid ombudsman.

Table 1
Number of Volunteer Ombudsmen

Area Agency	2008**	2009**	2010***
First Tennessee		0	18
East Tennessee		58	49
Southeast Tennessee		25	4
Upper Cumberland		6	2
Greater Nashville		34	24
South Central Tennessee		5	6
Northwest		13	11
Southwest		2	0
Mid South		57	65
Total Volunteer Ombudsmen	168*	200	179
Full-Time Paid Ombudsmen (includes the commission's state long-term care ombudsman)	12	12	12
Complaints Received	2,077	1,650	****

*Volunteers by area agency not available.

**At the end of the federal fiscal year – September 30.

***As of June 2010.

****Data not available until January 2011.

Some of the volunteer ombudsmen have served for several years—a few were certified in 1997 and are still serving. However, the majority have only a few years of experience. For those who had resigned, the reason for resigning was not given. Information from past and present volunteers about their experience, how to encourage volunteers to remain in the program, and how to improve the program would benefit the commission and area agencies.

U.S. Administration on Aging 2008 Comparisons

Staff and Volunteers

The federal Administration on Aging groups states into regions and reports comparative information on its website. Tennessee is in AoA Region IV. For federal fiscal year 2008 (the most recent year for which information is available), the AoA compared the number of volunteers and full-time ombudsman staff by state. See Table 2. For the Region IV ombudsman programs, Tennessee had the fewest full-time staff.

**Table 2
Ombudsman Staff and Volunteers
Administration on Aging Region IV
Federal Fiscal Year Ending 2008**

State	Volunteers	Full-Time Ombudsman Staff
Alabama	1	19
Florida	415	26
Georgia	5	44
Kentucky	132	38
Mississippi	5	18
North Carolina	1134	36
South Carolina	35	19
Tennessee	168	12

Funding Per Bed

The Administration on Aging compared 2008 Ombudsman Program Funding per Bed for Region IV. See Table 3. Tennessee has the lowest funding per bed in the region at \$17.11 and is also below the national average of \$30.08. A 1995 study by the Institute of Medicine recommended that the factor of one full-time equivalent paid ombudsman staff per 2,000 long-term care beds be used as a base performance indicator. In 2008, Tennessee had an average of one full-time equivalent paid ombudsman staff per 4,388 long-term care beds. Commission staff said that commission management has discussed with the area agencies the need for increasing funding for the program (area agencies can tailor program funding based on their population's needs).

Residents in long-term care facilities are often physically and mentally frail. The long-term care ombudsman program can assist residents and their families by identifying and/or helping deal with potential abuse or quality-of-care issues. As the population ages and more persons enter long-term care, the ombudsman program will need more visibility and more volunteers.

Table 3
Ombudsman Program Funding Per Bed
Administration on Aging Region IV
Federal Fiscal Year Ending 2008

State	Funding Per Bed
Alabama	\$19.26
Florida	\$24.23
Georgia	\$41.71
Kentucky	\$25.88
Mississippi	\$41.48
North Carolina	\$33.04
South Carolina	\$36.28
Tennessee	\$17.11
National Average	\$30.08

Recommendation

Because volunteer ombudsmen are an integral part of the advocacy process for long-term care facility residents, the commission should continue its efforts to assist area agencies with recruiting and retaining volunteer ombudsmen. The commission, through the long-term care task force and the area agencies, should obtain input from current and prior volunteer ombudsmen that could help improve the program. Also, as with the PEER initiative, the commission should research other successful state and local volunteer recruiting programs for ideas. The commission should monitor the efforts of the area agencies to ensure that an adequate amount of funding is allocated to the program by the area agencies and that an adequate number of volunteers are maintained to ensure that residents and their families have access to an ombudsman and that there are sufficient volunteers to maintain a presence in each area's facilities.

Management's Comment

We concur. The agency ombudsman staff has made a number of efforts to recruit volunteer ombudsmen; for example, presentations have been given in public venues such as churches, three colleges, Senior Expo, and other meetings. Other efforts also include distributing brochures and posters at Senior Centers and networking with other agencies utilizing volunteers.

The implementation of the nationally recognized PEER (Pennsylvania Empowered Expert Resident) program to enlist residents to serve as facility volunteers is expected to increase our usage of volunteers statewide. A training program in each region for PEER volunteers will begin in March 2011.

Volunteer recruitment and retention is so important that it is being addressed at the national level. On December 13, 2010, the National Association of Area Agencies on Aging announced the creation of “Engaging Volunteers in the Aging Network: A National Resource Center.” This is a collaborative effort by the Administration on Aging, the National Association of Area Agencies on Aging, the National Association of States United for Aging and Disabilities, the AARP Foundation, Senior Service America, the Council for Certification in Volunteer Administration, and the University of Michigan. The center will deliver assistance to members of the aging network in support of volunteers.

This is made possible through a three-year grant. The grant provides funding for the development of a technical resource center to conduct preliminary research on current civic engagement, bring together leaders in the field to share their expertise, build strong outreach and communication throughout the country, and provide research and promote best practices. It will also work to train volunteers and provide technical assistance for volunteers and volunteer coordinators. The commission will take the appropriate steps to apply for this federal funding opportunity when it becomes available.

The commission established an ad hoc committee to study and make improvements for the ombudsman program in May 2009, which functioned through September 2010. This committee developed a policy on “Conflicts of Interest” encountered in the ombudsman program and studied the lack of funding and possible ways to increase it.

In October 2010, a study committee was formed to replace the ad hoc committee. The new study committee is composed of three area agency directors, three commission staff members, and three local ombudsmen. Funding and program needs are the current focus of this committee.

Federal funding for the ombudsman program is prescribed by the Administration on Aging, utilizing a formula developed in the year 2000 for maintenance of effort. Area agencies may, at their discretion, increase funding to the ombudsman program based on need. The commission annually certifies to the Administration on Aging that the maintenance of effort requirement has been met.

The most recent comparison of state funding for the ombudsman program in all states averages 33%; state funding in Region IV (the Southeastern United States, including Tennessee) provides an average of 24.6% of total program dollars. Tennessee, however, only provides 2.5% of total program funds. In the annual budget, expansion requests have been prohibited in the last three years.

The new study committee is actively searching for other avenues of state funding for the ombudsman program. A possible source of income for the program is funds from civil monetary penalties. The Centers for Medicare and Medicaid Services states that ombudsman activities are appropriate uses of civil monetary penalties. The State Long Term Care Ombudsman will continue to monitor the program utilizing the OmbudsManager Tool and quarterly reports and will continue to work with the district ombudsmen on the recruitment of volunteers.

3. The commission needs to coordinate and take the lead in the state's preparation for the increased demand on services by the growing aging population

Finding

As the agency responsible for the aging program network in the State of Tennessee, the commission needs to plan for the future increase in the state's aging population. Census projections estimate that by 2030, the number of U.S. adults age 65 or older will more than double from the year 2000 to about 71 million. In 2030, Tennessee's population age 65 or older is estimated to be 19.2% of the total population or 1.4 million, compared to 13.3% or about 829,000 in 2010. This rapidly increasing number of older Tennesseans will place unprecedented demands on aging-related services. Both the commission and consultants have pointed out the looming increase in the number of elderly residents and the need to determine if the framework is in place to meet the demand for services that the increase will bring. The increase will present challenges that will affect many aspects of state government, such as driver's licensing, park visitation, health services, affordable housing, home and community-based services, long-term care facilities, and aging services.

In its *Tennessee State Plan on Aging 2009 – 2013*, the commission states that Tennessee ranks 16th in the U.S. for a population 65 years of age or older and 46th in spending for this population. The plan (which focuses on demographic information of the elderly population) also says that the commission's ability to keep up with the demand for services is compromised, its current capacity is inadequate, and creative approaches are needed to address support services, create easier access to services, and streamline enrollment. However, the plan does not give specific examples of how the commission intends to accomplish this or address future funding of services.

Appendix 3 of the plan provides goals, objectives, strategies, and measures. The goals include increasing access to services, assisting those at risk of losing their independence, providing health promotion and disease prevention information, developing and strengthening elder rights programs, and utilizing practices that promote effective management of resources. Each goal has several objectives, strategies to achieve those objectives, and measures for the goal. Nevertheless, the plan does not address how the commission will balance the increased demand for services within the current structure. For example, Goal 1 of the plan is to "increase the number of individuals who access services." But the commission's Strategic Plan for 2010 includes a performance measure that estimates fewer persons will be served during fiscal year 2012, after an increase of numbers served between fiscal years 2010 and 2011.

Commission staff, commission members, and advocacy groups have concerns about the growing elderly population in Tennessee and the fragmented services available to them. There are multiple entities providing services for the elderly. Four entities have the primary responsibility—the Bureau of TennCare, the Department of Human Services, the Department of Health, and the Commission on Aging and Disability. Advocacy groups and commission members expressed their concerns about a perceived lack of long-term vision and planning, and

said the commission needs more interaction with service providers and needs to collaborate with other agencies providing elderly services in the state.

Studies by the Commission

Needs Assessment

In 2008, the commission contracted with the University of Tennessee's College of Social Work Office of Research and Public Service to conduct a needs assessment. The assessment points out problem areas with the current service delivery model in Tennessee, referring to the lack of a single point of entry and the reliance on informal, unpaid care giving. The assessment includes focus group comments about fragmented services, a need to start planning for the baby boomers retiring, a lack of health care workers, and the need for better communication about available services.

Alzheimer's Disease Task Force

The Tennessee Alzheimer's Disease Task Force, established by Section 71-2-601, *Tennessee Code Annotated*, made several recommendations about aging services in its February 2009 report. Commission staff attended the public forums and compiled the report. The recommendations include improving access to adult daycare programs, respite and homemaker services, assisted living, transportation, and other community-based services; and establishing an effective, coordinated, and comprehensive surveillance system or enhancing the current surveillance and epidemiology system to include Alzheimer's disease and related dementia.

Planning for the Future

Older Americans Act – 2006 Amendments

In anticipation of the increase in the elderly population in America, the 2006 Amendments to the Older Americans Act allow a state, at its own election, to incorporate into its state plan an assessment of its preparedness under the current service delivery model for changes in the elderly population for the next ten years. That assessment can include how the elderly with the greatest needs (low incomes, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency) will be affected; an analysis of how the programs, policies, and services provided can be improved, including coordinating with area agencies on aging and disability; how resource levels can be adjusted to meet the needs of the changing population of older individuals in the state; and an analysis of how the change in the number of individuals age 85 and older in the state is expected to affect the need for supportive services. This amendment indicates the emphasis the federal government places on planning for the future increase in the aging population.

Consultant Report

At the request of the Governor's Office, a Washington D.C. consulting firm studied issues regarding Tennessee's service for its elderly population. The report, *Creating a Cabinet Level Agency for Addressing the Needs of Tennessee's Elderly Population*, was issued in February 2010 and raised the following issues:

- the need for system-wide planning for a growing elderly population,
- the need for a single point of entry (SPOE), and
- the current system fragmentation.

In addition, the report discussed stakeholders' concerns that better communication and planning is needed between the commission and other providers of aging-related services.

Recommendation

The commission should collaborate and coordinate with state agencies, local units of government, and service providers to plan for the future increase in demand for aging services. This collaboration should also focus on preventing duplication of efforts and ensuring maximum efficiency and cost effectiveness in service delivery. Evaluating services and analyzing outcomes throughout the aging network will be important to ensure that scarce resources are being used efficiently. Because of the importance the federal government has placed on longer-range planning, the commission may also wish to consider incorporating into its state plan an assessment of its preparedness under the current service delivery model for changes in the elderly population for the next ten years.

Management's Comment

We concur. As pointed out in the 2009 Statewide Needs Assessment conducted by the University of Tennessee in preparation for the submission of the State Plan on Aging to the Administration on Aging, Tennessee is faced with a rapidly increasing number of older Tennesseans who will place unprecedented demands on aging-related services. Tennessee ranks 46th in spending for this population.

The 2009-2013 State Plan on Aging addressed the goals, objectives, and strategies needed to manage the federal Older Americans Act funding that flows into Tennessee, as well as the established state-funded programs and how to use the funds more effectively and efficiently. The Commission, through its strategic planning committee, will address the top ten needs identified in the 2009 Statewide Needs Assessment and work through the aging network to plan for the booming population.

Due to a downturn in the economy, the commission, like other state agencies, was faced with a staff reduction and reduced funding for federal match and state-funded programs. Base budget reduction requirements in FY 2010 and 2011 resulted in a reduction for funding to home and community-based services through the Options program even though there are over 6,000 individuals on the waiting list and the number continues to grow. For the last three years, the Budget Office has instructed that state agencies should not submit improvement budgets to increase services.

Even in the face of these barriers, the limited number of staff has been able to accomplish the following related planning and funding activities:

- 2009 Statewide Needs Assessment conducted under contract with the University of Tennessee at a cost of \$75,000
- 2009-2013 State Plan on Aging, thus allowing us to draw down Title III and Title VII Older Americans Act funding. In 2010, \$26,151,836 was received.
- 2009 Alzheimer’s State Plan
- 2010 contract with Walker and Associates to develop a marketing plan and related materials for publicizing the services provided by the area agencies and the “single point of entry” for all Administration on Aging funded programs, Options for Community Living, and TennCare Choices Act, at a cost of \$120,000.
- Implementation of the Tennessee Vulnerable Adult Coalition statewide
- Grant awards totals—
 - Beginning year 2006 – \$428,050
 - Ending year 2010 – \$2,599,542

As it relates to the commission body, the new commission chair has appointed a strategic planning committee, and Alzheimer’s ad hoc committee, and redefined the role of the Advocacy Committee to become the Legislative Committee to address these issues.

We concur that, other than the work completed by the staff in the development of the State Plan on Aging, there is little collaboration and coordination with state agencies, local units of government, and service providers to plan for the future increase in the demand for aging services. Our primary energy is focused on working with and through the area agencies to sustain the current level of programming and to apply for discretionary grants that only have one to three years sustainability. Currently there is room for improvement in collaboration with the commission, TennCare, the Department of Human Services, and the Department of Health for the future long-term planning for the baby boomer population. As new department commissioners are appointed by the incoming Governor, the commission will invite them to address the commission at a meeting to present their departments’ efforts on addressing long-term aging needs and to invite their participation in an upcoming conference on aging. The

Tennessee Commission on Aging and Disability will reinstitute an Annual Aging Conference in 2012, which will allow the commission to develop enhanced communication between other state departments/agencies and stakeholders.

Presently, the commission staff is using funds from the Aging and Disability Resource Center grant to assist the area agencies in becoming fully functioning Aging and Disability Resource Centers and enhance their role as the “single point of entry” for all aging and disability programs funded by the Administration on Aging and TennCare Choices. Included in this initiative is the development of a user-friendly web-based service directory. The staff is also working with the area agencies to design and implement Veterans Directed Home and Community Based Services that will allow a veteran to “self-direct” his or her services and employ in-home workers of choice. The staff is also working with the area agencies to design workshops for the Southeastern Association of Area Agencies on Aging conference that will be held in Memphis in 2011. The conference will be designed to address best practices in a variety of areas such as nutrition, self-directed care, and chronic disease management.

On a national level, we will continue to collaborate with national agencies (e.g., the National Association of States United for Aging and Disabilities), Administration on Aging’s Region IV, and other state units on aging on national aging issues, reauthorization, funding issues, metrics performance, and program expansions.

On a statewide level, we will continue to collaborate on mutual projects with area agencies, senior centers, and providers, and assist the commission body on advocacy and legislative issues.

The Executive Director continues to serve on state boards, councils, and non-profits, such as the Healthcare Facilities Management Board, Shared Services Solutions Board, and the Council on Developmental Disabilities. The Executive Director is also a TennCare stakeholder participant.

We concur with this finding because of its importance to the seniors of the State of Tennessee.

OTHER AUDIT WORK

Executive Director Evaluations

Section 71-2-105, *Tennessee Code Annotated*, requires the commission to periodically evaluate the performance of the Executive Director. Article VI of the commission's bylaws provides for the Executive Committee of the commission members to complete the evaluation. The current Executive Director, employed as of December 2007, has been evaluated twice by the Executive Committee—once in August 2008 and a second time in August 2010. Both evaluations consisted of a written letter from the Chair to the Executive Director and both evaluations were positive.

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. The commission should fulfill the requirements of its monitoring plans. Reports should be complete, issued within 30 working days of site visits, and followed by a plan of correction. In addition, the commission should ensure that the area agencies and their subrecipients are complying with program requirements. Quality Assurance management should carefully review all reports for consistency and ensure that information is not missing. Because monitoring is an important control mechanism, commission management should plan to meet their monitoring obligations.
2. Because volunteer ombudsmen are an integral part of the advocacy process for long-term care facility residents, the commission should continue its efforts to assist area agencies with recruiting and retaining volunteer ombudsmen. The commission, through the long-term care task force and the area agencies, should obtain input from current and prior volunteer ombudsmen that could help improve the program. Also, as with the PEER initiative, the commission should research other successful state and local volunteer recruiting programs for ideas. The commission should monitor the efforts of the area agencies to ensure that an adequate amount of funding is allocated to the program by the area agencies and that an adequate number of volunteers are maintained to ensure that residents and their families have access to an ombudsman and that there are sufficient volunteers to maintain a presence in each area's facilities.
3. The commission should collaborate and coordinate with state agencies, local units of government, and service providers to plan for the future increase in demand for aging services. This collaboration should also focus on preventing duplication of efforts and ensuring maximum efficiency and cost effectiveness in service delivery. Evaluating services and analyzing outcomes throughout the aging network will be important to ensure that scarce resources are being used efficiently. Because of the importance the federal government has placed on longer-range planning, the commission may also wish to consider incorporating into its state plan an assessment of its preparedness under the current service delivery model for changes in the elderly population for the next ten years.

Appendix 1
State of Tennessee Aging Programs

Agency	Funding Description	Program Description
Commission on Aging and Disability	<p>The commission is the state’s designated unit on aging by the federal Older Americans Act (OAA). The Administration on Aging (AOA) provides an annual allocation of OAA funds based on the 60 years of age and over population. The commission contracts with the nine area agencies, allocating funds based on their aging population.</p> <p>State funding for the Options for Community Living program (Options) and the Public Guardianship for the Elderly program.</p> <p>Federal funding for the State Health Insurance Program.</p> <p>The area agencies contract with local providers for all of these programs.</p>	<p><u>OAA programs</u> include information and assistance, family caregiver support, nutrition, long-term care ombudsman, legal assistance, guardianship, state health insurance assistance, and senior centers and senior community service employment.</p> <p><u>Options</u> provides home and community-based services to older persons and other adults with disabilities who do not meet Medicaid eligibility requirements.</p> <p><u>Public Guardianship for the Elderly</u> provides for conservators to assist persons 60 years of age and older who need help managing their finances and medical care.</p> <p><u>State Health Insurance Program</u> counsels consumers about Medicare and health insurance.</p>
Department of Finance and Administration’s Bureau of TennCare	<p>The Bureau of TennCare is the designated state agency for the federal Medicaid program. TennCare, CHOICES, and the Program of All-Inclusive Care for the Elderly (PACE) are funded through a combination of federal and state dollars.</p>	<p><u>TennCare</u> is a Section 1115 Medicaid waiver program that provides eligible elderly persons health services through a managed care organization (MCO).</p> <p>The <u>CHOICES</u> Medicaid waiver program provides community-based long-term care services to eligible elderly persons through a managed care organization.</p> <p>The <u>Program of All-Inclusive Care for the Elderly</u> is a Medicaid waiver program providing community-based adult day care. The program serves the frail elderly residents of Chattanooga and Hamilton County.</p>
Department of Health	<p>The Department of Health’s Board for Licensing Health Care Facilities is responsible for licensing, regulating, and inspecting all long-term care facilities.</p>	<p>Surveyors employed by the board conduct periodic inspections of long-term care facilities and investigate complaints about the facilities.</p>

Department of Human Services	Several programs for Medicaid and non-Medicaid eligible elderly persons. These programs are funded through a combination of state funding and federal block grant programs.	Adult protective services, homemaker, adult daycare, and weatherization. DHS determines the financial eligibility for persons seeking Medicaid services. This function is performed at the local level by 95 DHS county offices.
Department of Labor and Workforce Development	Older Americans Act Senior Community Service Employment Program	Program provides employment and training to persons 55 and older who have low incomes and poor employment prospects.
Department of Veterans Affairs	Federal and state funding for benefits.	Includes education assistance, access to veterans' homes, and burial eligibility.
Tennessee Housing Development Agency	Emergency Housing Repairs Program – state and agency funded	Grants to low income, elderly homeowners to correct, repair, or replace an essential system and/or a critical structural problem.
Department of Transportation	Elderly/Disabled Transportation Program	Provides specialized transportation services to elderly and disabled persons. Operated through human resource agencies and development districts.

Appendix 2

Title VI and Other 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 2010-11*, the Commission on Aging and Disability was estimated to receive over \$30 million in federal assistance in fiscal year 2010. This funding is from the U.S. Department of Health and Human Services' Administration on Aging, pursuant to the Older Americans Act. According to the Tennessee Commission on Aging and Disability's Title VI Implementation Plan dated October 2010, 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, 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.

Minority Contracts

In its 2010-11 Title VI Implementation Plan, the commission reported fiscal year 2008 minority contract expenditures for the nine area agencies. There were 36 total minority service providers in fiscal year 2008. Those contracts are detailed on page 27.

Title VI Plan Coordinator

The functions of the Title VI coordinator are shared by two staff persons at the commission. The Planning and Grants Supervisor is responsible for the planning function and the Supervisor of Quality Assurance is responsible for the compliance function. The Supervisor of Quality Assurance also serves as a resource for local Title VI coordinators in the nine Area Agencies on Aging and Disability offices.

**Area Agencies on Aging and Disability
Minority Service Providers With Contract Expenditures
Fiscal Year 2008**

Area Agency on Aging and Disability	Service Provider Name	FY 2008 Total Expenditures Federal and State
First Tennessee	Care Central, Inc.	\$64,634.00
East Tennessee	Helping Hands Assistance, Inc.	\$233,299.51
Southeast Tennessee	Al-Jeehan Home	\$7,176.00
Southeast Tennessee	Davis Home	\$17,363.00
Southeast Tennessee	Friendship Haven	\$4,380.00
Southeast Tennessee	Good Neighbors, Inc.	\$227,195.00
Southeast Tennessee	Paragon House	\$21,600.00
Southeast Tennessee	Rose of Sharon's Senior Villa	\$7,176.00
Southeast Tennessee	Sharon's Adult Day Care	\$7,970.00
Southeast Tennessee	Sharon's Personal Care	\$22,469.00
Upper Cumberland	Clark United Methodist Church	\$4,500.00
Upper Cumberland	Friendship Home HealthCare	\$23,573.00
Greater Nashville	Albert Ross Tharpe Service LLC	\$5,396.28
Greater Nashville	B There Home Care	\$12, 241.16
Greater Nashville	Geriatric Angels, Inc	\$83,287.64
Greater Nashville	Guardian Angel Health Care Services	\$60,257.50
Greater Nashville	Home Instead – Nashville	\$72,093.55
Greater Nashville	HealthCare Staffers	\$163,744.65
Greater Nashville	Quality Care Health Center	\$34,622.39
Greater Nashville	Quality Personal Care, Inc.	\$126,362.63
Greater Nashville	Senior Moments	\$4,880.00
Greater Nashville	TLC Caregivers	\$40,398.45
South Central Tennessee	Friendship Home Health	\$22,576.00
Northwest	Albert Ross Tharpe Service LLC	\$30,879.00
Southwest	Albert Ross Tharpe Service LLC	\$75,872.50
Southwest	West Madison Senior Center	\$9,551.00
Aging Commission of the Mid South	Citizens Choice	\$7,903.23
Aging Commission of the Mid South	Delta Human Resource Agency	\$7,735.00
Aging Commission of the Mid South	Direct Medical	\$3,273.90
Aging Commission of the Mid South	Friends R Us	\$117,922.50
Aging Commission of the Mid South	Goodwill Homes	\$57,104.00
Aging Commission of the Mid South	Jewish Family Services	\$10,500.00
Aging Commission of the Mid South	Memphis Area Legal Services	\$56,000.00
Aging Commission of the Mid South	Memphis Housing Authority	\$51,122.94
Aging Commission of the Mid South	National Care Facility	\$596.25
Aging Commission of the Mid South	Touch of Care	\$49,946.65
	Total	\$1,733,614.73

The commission submitted its *2010-11 Title VI Implementation Plan* to the Tennessee Human Rights Commission on October 1, 2010, as required by *Tennessee Code Annotated*, Section 4-21-901. The Commission on Aging and Disability monitors Title VI activities through the assurances provided by the area agencies in their plans and the commission's Quality Assurance process. 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. The commission's *Policy Manual 2010*, Chapter 5, Rule 06.02, states that each "AAAD shall monitor each service provider on a continual basis, assess each service provider periodically, and perform a complete program evaluation prior to re-contracting. A Civil Rights review shall be a component of one of the service provider on-site visits."

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 its subcontracts or vendors, if any, is clearly aware of the agency's commitment to Title VI. Monitoring also includes a review of any Title VI complaints received by the area agencies. We reviewed reports of 14 completed Quality Assessments from April 2008 to August 2010 and found that 9 of the 14 reports had findings or recommendations regarding Title VI. Three of the 14 reports did not have any Title VI information assessments in the report, and two reports did not have any Title VI findings.

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. An appeal by a complainant is referred to the commission for reconsideration. The commission has developed forms for use in filing complaints and documenting the results of the investigation. The commission's *2010-11 Title VI Implementation Plan* stated that no Title VI complaints had been filed with the commission during the last year.

Commission Staff and Commission Members by Gender and Ethnicity

**Commission on Aging and Disability
Staff by Job Title, Ethnicity, and Gender
As of September 23, 2010**

Job Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Accountant 3	0	1	0	0	0	0	1	0
Accounting Manager	0	1	0	0	0	0	1	0
Accounting Technician 1	0	1	0	0	0	0	1	0
Accounting Technician 2	0	1	0	0	0	0	1	0
Administrative Secretary	0	1	0	1	0	0	0	0
Aging Commission Executive Director	1	0	0	0	0	0	1	0
Aging Information and Data Director	1	0	0	0	0	0	1	0
Aging Program Coordinator	1	8	0	5	0	0	4	0
Aging Program Director	0	1	0	0	0	0	1	0
Aging Program Supervisor	0	3	0	1	0	0	2	0
Attorney 3	0	1	0	0	0	0	1	0
Auditor 3	1	0	0	0	0	0	1	0
Clerk 3	1	0	0	0	0	0	1	0
Dietetics Consultant	0	1	0	1	0	0	0	0
Executive Administrative Assistant 2	0	1	0	0	0	0	1	0
Fiscal Director 1	1	0	0	0	0	0	1	0
Human Resource Manager 1	1	0	0	0	0	0	1	0
Information Resource Support Specialist 3	0	1	0	0	0	0	1	0
Information Systems Analyst 3	0	1	0	0	0	0	1	0
Totals	7	22	0	8	0	0	21	0
Percentage	24%	76%	0%	28%	0%	0%	72%	0%

**Commission on Aging and Disability Members
By Gender and Ethnicity
As of June 2010**

Title	Gender		Ethnicity				
	Male	Female	Asian	Black	Hispanic	Indian	White
Commission Members*	10	15	0	4	0	0	21
Percentages	40%	60%	0%	16%	0%	0%	84%

*Includes ex-officio members

Eighteen of the commission members (72%) are 60 years of age or older. Statute states that at least half of the commission's membership should be representative of the population the commission serves, and that membership should include minorities and women in proportion to their presence in the state's population.

Appendix 3

Performance Measures Information

As stated in the Tennessee Governmental Accountability Act of 2002, “accountability in program performance is vital to effective and efficient delivery of governmental services, and to maintain public confidence and trust in government.” In accordance with this act, all executive branch agencies are required to submit annually to the Department of Finance and Administration a strategic plan and program performance measures. The department publishes the resulting information in two volumes of *Agency Strategic Plans: Volume 1 - Five-Year Strategic Plans* and *Volume 2 - Program Performance Measures*. Agencies were required to begin submitting performance-based budget requests according to a schedule developed by the department, beginning with three agencies in fiscal year 2005, with all executive-branch agencies included no later than fiscal year 2012. The Commission on Aging and Disability began submitting performance-based budget requests effective for fiscal year 2010-2011.

Detailed below are the commission’s performance standards and performance measures, as reported in the September 2010 *Volume 2 - Program Performance Measures*. Also reported below is a description of the agency’s processes for (1) identifying/developing the standards and measures; (2) collecting the data used in the measures; and (3) ensuring that the standards and measures reported are appropriate and that the data is accurate.

Performance Standards and Measures

Performance Standard 1

Improve the quality of life for elderly persons or other adults with disabilities by providing access to services, health promotion and prevention services, and in-home services.

Performance Measure 1

The number of elderly persons or other adults with disabilities whose quality of life was improved by participating in services as reported to the Administration on Aging using the State Reporting Tool (SRT).

Actual (FY 2009-2010)	Estimate (FY 2010-2011)	Target (FY 2011-2012)
159,023	175,820	160,000

Performance Standard 2

Expand the self-directed care component within the Options for Community Living Program from one pilot site to the other eight Area Agencies on Aging and Disability.

Performance Measure 2

The number of Area Agencies on Aging and Disability implementing the self-directed care component for consumers enrolled in the Options for Community Living Program.

Actual (FY 2009-2010)	Estimate (FY 2010-2011)	Target (FY 2011-2012)
1	3	5

Information on Performance Measure 1 as Provided by the Commission

According to the commission staff, this measure is a compilation of all of the services funded through the Commission on Aging and Disability. The measure is based on inputs and outputs. Outputs are measured in the number of persons served. The data are compiled using the software package Social Assistance Management System (SAMS). Area Agencies on Aging and Disability are required by contract and policy to submit data daily into SAMS. The commission's information technology staff and planning staff review the performance measures, data, and calculations.

Commission staff noted that their target future years' numbers increased slightly or not at all because the commission does not anticipate any funding increase. We identified a concern with this performance measure in that Performance Standard 1 requires an outcome, i.e., to improve the quality of life. However, counting the number of persons who were provided access to services does not assess whether their quality of life was improved.

Information on Performance Measure 2 as Provided by the Commission

According to the commission, Greater Nashville AAAD has a pilot program for self-direction in the Options program. The commission is in the process of implementing a self-directed program for veterans at First Tennessee AAAD which will be paid for with VA funding. Upper Cumberland AAAD has a self-directed care program under the TennCare CHOICES program, not Options.

Because the measure requires self-directed care in the Options program, it does not appear that the commission will meet the goal for FY 2011.