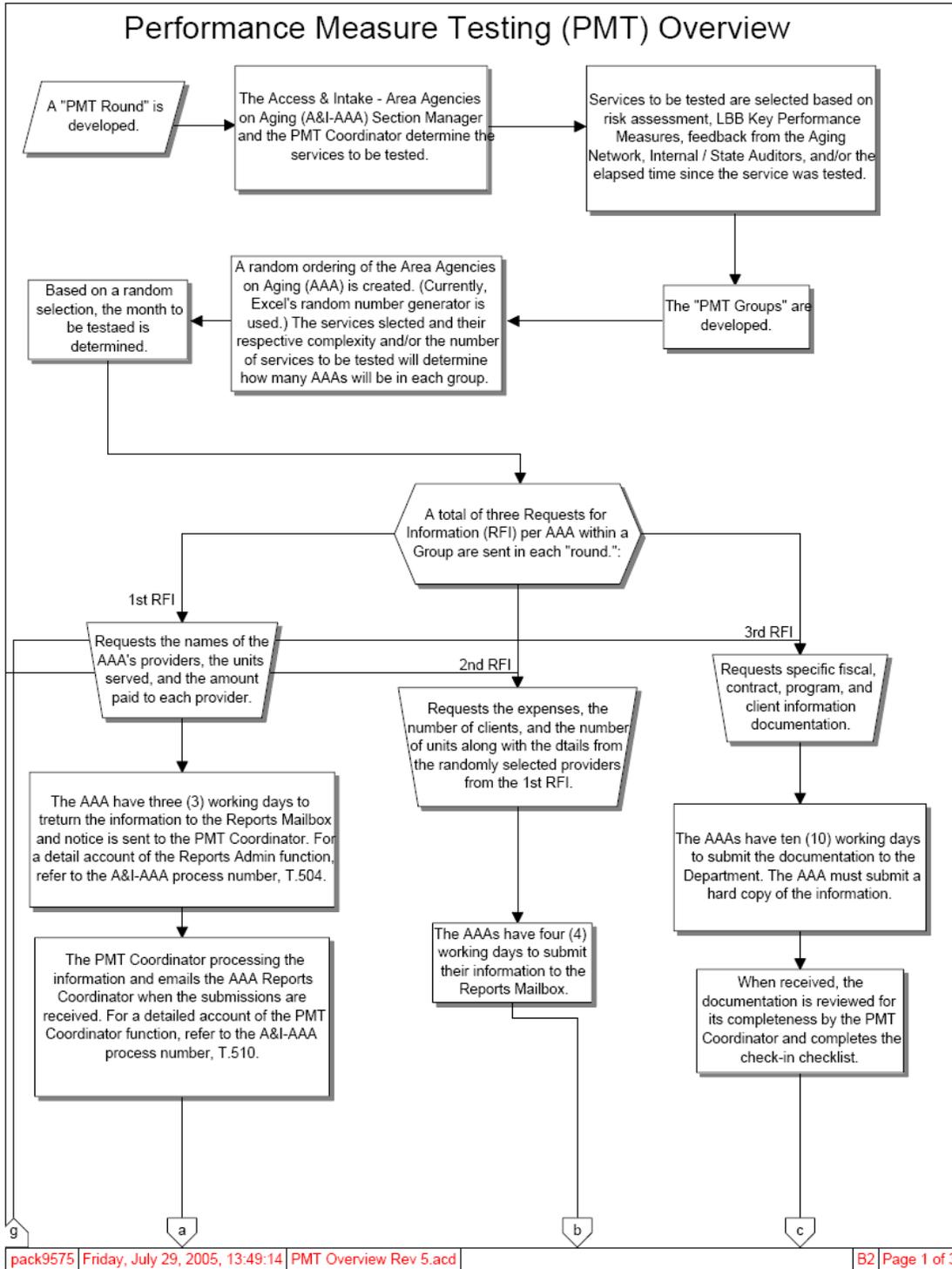


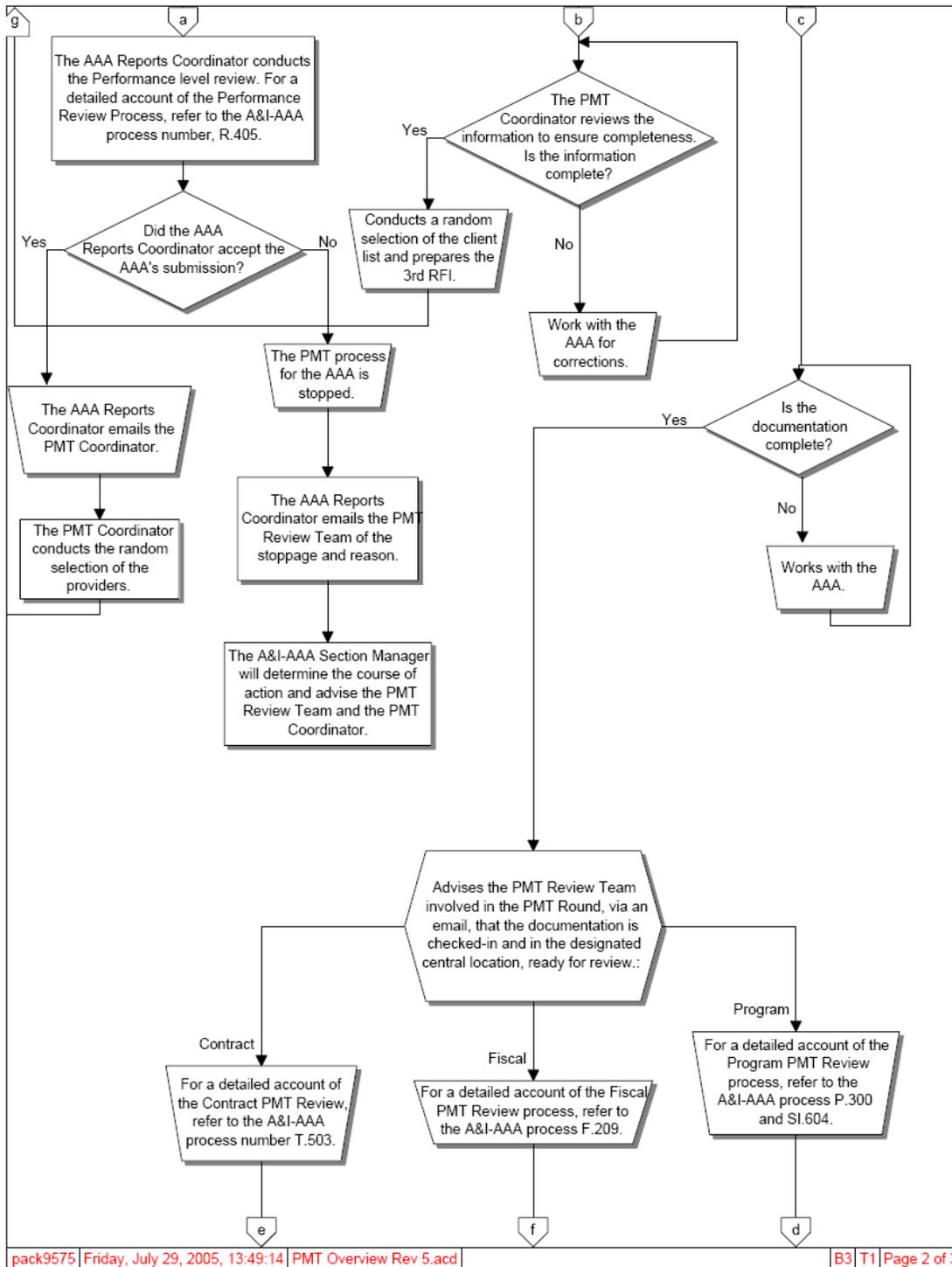
Section 9 - Performance Measure Testing (PMT)

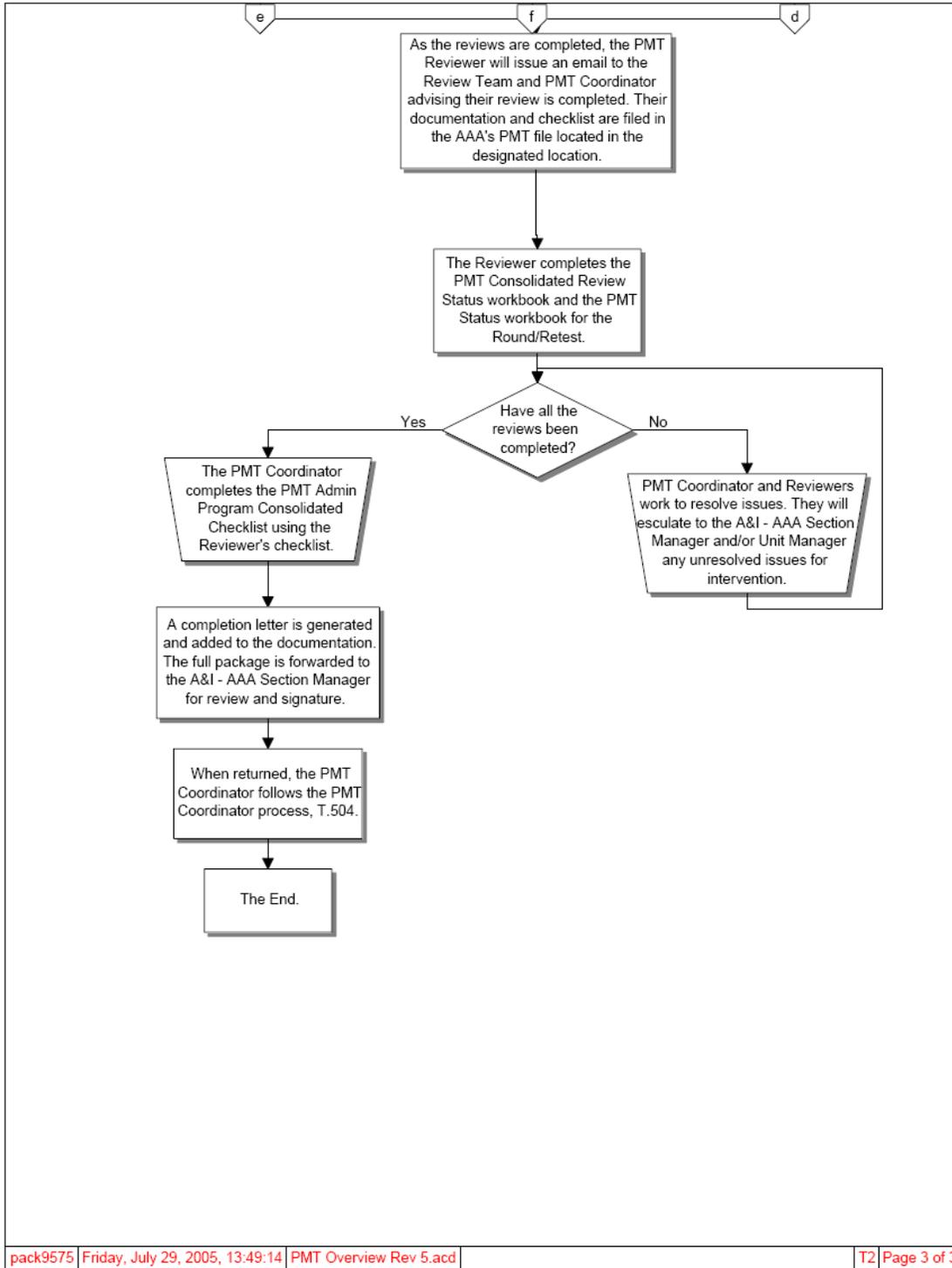
PMT – Component Process

Website reference: [AAA-TA503 PMT Component Process](#)

PMT Overview







PMT Round Program Schedule

Round	Programs to Be Tested	Year
1	Congregate Meals Transportation D/R	2002
2	Care Coordination Homemaker	2003
Retest – Fall 2003	Rounds 1 & 2	2003
3	Home Delivered Legal Assistance	2004
Retest – Spring 2004	Rounds 1 – 3	2004
4	Legal Awareness Caregiver Education & Training	2005
Retest – Fall 2005	All Retests from Previous Rounds	2005
5	Personal Assistance Congregate Meals	2006
Retest – Spring 2006	All Retests from Previous Rounds	2006
6	Transportation D/R Care Coordination	2007
Retest – Fall 2007	All Retests from Previous Rounds	2007
7	Homemaker Home Delivered	2008
Retest – Spring 2008	All Retests from Previous Rounds	2008
8	Legal Assistance Personal Assistance	2009
Retest – Fall 2009	All Retests from Previous Rounds	2009
9	Legal Awareness Caregiver Education & Training	2010
Retest – Spring 2010	All Retests from Previous Rounds	2010
10	Congregate Meals Transportation D/R	2011
Retest – Fall 2011	All Retests from Previous Rounds	2011
11	Care Coordination Homemaker	2012

**PMT Round 5
Personal Assistance & Congregate Meals**

Group	AAA	Notice	Start Date
1	Deep East	11/21/2005	1/2/2006
1	North Texas	11/21/2005	1/2/2006
1	Coastal Bend	11/21/2005	1/2/2006
1	Heart of Texas	11/21/2005	1/2/2006
1	East	11/21/2005	1/2/2006
2	Harris (city of houston)	12/5/2005	1/16/2006
2	Middle Rio	12/5/2005	1/16/2006
2	Bexar	12/5/2005	1/16/2006
2	Brazos Valley	12/5/2005	1/16/2006
2	Texoma	12/5/2005	1/16/2006
3	Dallas	12/19/2005	1/30/2006
3	CAPCO	12/19/2005	1/30/2006
3	Lower Rio	12/19/2005	1/30/2006
3	Tarrant (see below)	12/19/2005	1/30/2006
3	Alamo	12/19/2005	1/30/2006
4	Golden Crescent	1/2/2006	2/13/2006
4	HGAC	1/2/2006	2/13/2006
4	Southeast	1/2/2006	2/13/2006
4	Concho Valley	1/2/2006	2/13/2006
4	South Plains	1/2/2006	2/13/2006
5	North Central	1/16/2006	2/27/2006
5	West Central	1/16/2006	2/27/2006
5	South Texas	1/16/2006	2/27/2006
5	Ark-Tex	1/16/2006	2/27/2006
5	Panhandle	1/16/2006	2/27/2006
6	Central	1/30/2006	3/13/2006
6	Rio Grande	1/30/2006	3/13/2006
6	Permian Basin	1/30/2006	3/13/2006

PMT Round 5 – Congregate Meals & Personal Assistance

From: Packard, Toni
Sent: Monday, November 14, 2005 3:15 PM
To: All AAA Directors
Subject: PMT, Round 5 - Congregate Meals and Personal Assistance

The 2006 Performance Measure Testing (PMT) Round 5 will begin on January 2, 2006. Through randomization, the AAAs were sorted into six groups.

Listed below are the groups, the AAAs within each group and their start date.

As with previous rounds, the AAA will receive reminder approximately six weeks prior to their start date; to be followed by a series of requests for information (RFI) memorandums. The programs scheduled for Round 5 are Congregate Meals and Personal Assistance. They will be reviewed and tested for accuracy, completeness, and compliance at four levels – Contract, Fiscal, Performance, and Program.

We look forward to a successful PMT for all AAAs.

Thanks

Toni Packard CPS/CAP

AAA Policy & Oversight Support Specialist Access & Intake – Area Agencies on Aging

512.438.4290

512.438.4374 – Fax

toni.packard@dads.state.tx.us

PMT Round 5 Groups

Group 1 – start date January 2, 2005

Coastal Bend

Deep East

East

Heart of Texas

North Texas

Group 2 – start date January 16, 2005

Bexar County

Brazos Valley

Harris County

Middle Rio Grande

Texoma

Group 3 - start date January 30, 2005

Dallas County

Capital

Lower Rio Grande Valley

Tarrant County

Alamo

Group 4 - start date February 13, 2005

Concho Valley

Golden Crescent

Houston - Galveston

Southeast Texas

South Plains

Group 5 - start date February 27, 2005

Ark-Tex

North Central Texas

Panhandle

South Texas

West Central Texas

Group 6 - start date March 13, 2005

Central Texas

Rio Grande

Permian Basin

PMT Initial Request for Summary Information

MEMORANDUM

TO: <NAME>, Director, <AAA> <NAME>, Fiscal Director <AAA>

FROM: Gary Jessee, Section Manager
Access & Intake – Area Agencies on Aging

DATE: **Date**

SUBJECT: PMT Initial Request for Summary Information

**Information is due no later than 8:00 a.m. day/date.
Please use the nomenclature identified below when submitting the file.**

Each year the Department conducts Performance Measure Testing (PMT) on two performance measure programs. The purpose of PMT is to ensure the completeness, accuracy, and reliability of reported information and to provide a review of the AAA's service provision process. Through a series of requests for information, source documentation at the provider level will be obtained and reviewed at four levels: contract, fiscal, performance, and program. Source documentation and information will be reviewed and tested for accuracy, completeness and compliance. Supporting documentation must reconcile with what was reported to the Department and the AAA's procurement and service provision processes must be in compliance with federal and state policies and procedures. The process used by the Department mirrors that used by the State Auditor's Office. For a detailed overview of the PMT components, please refer to the Technical Assistance Memorandum OASO 04-04.

The Department is currently conducting performance measure testing (PMT) for the ***Congregate Meals and Personal Assistance*** programs. The data tested will be for the current fiscal year and based on a single month reported in the most current QPR. The test month for both programs is **(Test Month)**.

This is the first of three requests for information to select a sample for review. For this reason, the Department is requesting the following:

Summary information for ***Congregate Meals and Personal Assistance*** services, including the names of providers, total Access & Intake – Area Agencies on Aging units served and the total Access & Intake – Area Agencies on Aging funds expended for the month of **(Test Month)**. See Example below:

Provider Names	Total {Month}Units	Total Cost for {Month} Units
Fred Blume's Services	100	\$4500.00
ABC Services for older Texans	12,500	\$48,125.00
XYZ- AAA	350	\$ 5,475.00

Total	12,950	\$58,100.00
-------	--------	-------------

You must submit your data in an Excel format. **The worksheet must be submitted to the Reports mailbox at T3Areports@dads.state.tx.us no later than 8:00 a.m. on Day/date. To help identify your submission in the reports mailbox, please use the following description in the subject line of the e-mail: AAA index Number – {test month} PMT (e.g., 83101-{test month} PMT).**

The information submitted will be reviewed and a maximum of two providers from each service will be selected with instructions for providing additional information.

Please contact the help desk at T3Ahelp@dads.state.tx.us should you have any questions or need additional information.

PMT – Second Request for Payment/Client/Unit Information

M E M O R A N D U M

TO: <NAME>, Director, <AAA> <NAME>, Fiscal Director <AAA>

FROM: Gary Jessee, Section Manager
Access & Intake – Area Agencies on Aging

DATE: **DATE**

SUBJECT: PMT - Second Request for Payment/Client/Unit Information

**Information is due no later than 8:00 a.m. DAY, DATE.
Please use the nomenclature identified below when submitting the file.**

The Department is continuing its performance measure testing (PMT) for the *Congregate Meals and Personal Assistance* programs. The data tested will be for the current fiscal year and based on a single month reported in the most current QPR. The test month for both programs is **{test month}**. This is the second of three requests for information to select a sample for review. The Department has reviewed the information previously sent and has selected the providers for each program.

The provider(s) selected are:

Congregate Meals:

Personal Assistance:

Using the attached Excel workbook, for each of the providers identified, list each check/payment/journal entry that is included in the provider's **{test month}** total expenditures previously reported on the summary report.

Worksheet example:

Check Number	Payment Date	Check Amount	Client ID	Client Name	Units per Client
2425	Apr. 5	304.50	106	Julia Jones	16
			586	Josefina Martinez	22
			AB1	Martin Gonzales	32
				Total units per check	70
2432	Apr. 22	226.20	1B3	Julia Jones	5
			698	Joseph Smith	36
			Temp	Anita Templeton	11
				Total units per check	52

When completing the workbook:

- Do not include explanations in the worksheet; any explanation(s) must be included in the e-mail message used to submit the Workbook to the Reports Mailbox.
- Should the check/payment/journal entry include reimbursement for services other than ***Congregate Meals and Personal Assistance***, separate the reimbursement cost of the ***Congregate Meals and Personal Assistance***.
- If a payment listed includes ***Congregate Meals and Personal Assistance*** service costs that are for a period prior to the month tested, do not include those costs in the payment/journal entry. Only submit information for the period being tested.
- All provider/AAA provider payment/journal entry transfer back-up documentation must detail expenditures by service(s) and period services were provided, as well as the period being tested.

The Excel workbook must be placed in the PMT folder located on the AAA's FTP site no later than 8:00 a.m. on **Day, Date**. Please send an email to Toni Packard at toni.packard@dads.state.tx.us to advise when the file has been uploaded to the FTP site.

The information submitted will be reviewed and a sample will be identified with instructions for providing additional information.

Please contact the help desk at T3Ahelp@dads.state.tx.us should you have any questions or need additional information.

Third Step-Request for Fiscal and Program Support Documentation

M E M O R A N D U M

TO: <NAME>, Director, <NAME> AAA
<NAME>, Fiscal Director, <NAME> AAA

FROM: Gary Jessee, Section Manager
Access & Intake – Area Agencies on Aging

DATE: DATE

SUBJECT: PMT – Third Step, Request for Fiscal and Program Support Documentation
Information is due no later than 8 a.m. DAY / DATE.

This is the third of three requests for the information in the Performance Measure Testing for *Congregate Meals and Personal Assistance* programs. Listed below are the events and activities identified by random selection.

Congregate Meals:

Provider #1: _____

Provider #2: _____

Personal Assistance:

Provider #1: _____

Provider #2: _____

The Department requests the following source documentation / information for each client identified above.

Fiscal Review

- Complete contract/vendor document(s), including all attachments, where applicable.
- Provider invoices and all back-up documents for identified period/units served (including time sheets &/or any other documentation used to verify service provision/payment)
- Ledger sheets and all supporting documentation supporting program costs for the period/units served (including time sheets &/or any other documentation used to support the costs of the program)
- Copy of bank statement indicating when check cleared, when applicable
- Copy of rate setting forms
- Check(s)/payments indicating payment of expenditures for the invoice(s) reviewed and the date paid:
 - Should the check/payment include reimbursement for services other than congregate meals or transportation, provide support for the cost of each individual service included in the check/payment.
 - If an identified payment includes congregate meal/transportation service costs that are for a period other than the month tested, back-up documentation for the identified payment must reconcile the clients/units/cost for each individual period reimbursed in that payment.

Program Review

- ***Congregate Meals:***
 - *Client intake*
 - *Client Rights & Responsibilities*
 - *Nutritional Risk Assessment*
 - *Meal rosters supporting units served*
 - *If DPS client/service, service authorization*
- ***Personal Assistance Services:***
 - *Intake*
 - *Client Rights & Responsibilities*
 - *Assessments, where applicable*
 - *File narrative*
 - *Care Plan, where applicable*
 - *Documentation supporting units served (e.g., provider timesheets)*
 - *Service Authorization*

The Department must receive hard copies of all supporting documentation no later than 8 a.m., **Day / Date.** Please contact the help desk at T3Ahelp@dads.state.tx.us should you have any questions or need additional information.

Review and Approval Reporting

AAA:
 Service:
 Month Reviewed:

Certified Yes No
 Or
 Certified with Qualifications Yes No
 Qualification = Retesting Yes No
 Other _____

Units:

Enter the units reported by the AAA as DADS units (from the performance report for the tested PMT month) as Reported Units. Enter the total of the provider units reported by the AAA on the PMT worksheet as Total Provider Units.

Reported Units	Total Provider Units	% Error Rate
		0.00%

- Does the total of the provider unit's equal the total reported units? Yes No
- If the total of the provider units does not equal the total reported units, is the variance less than 5.0%? N/A Yes No
- Is the total provider units correctly calculated? This can be verified either by printing the worksheet with formulas and row and column headings or by recalculating using a calculator with a print function. Yes No

Expenditures:

Enter the "Total DADS Funding Sources (net of capital expenditures)" reported by the AAA from the performance report for the tested PMT month) as Reported Expenditures. Enter the total of the provider payments reported by the AAA on the PMT worksheet as Total Provider Expenditures.

Reported Expenditures	Total Provider Expenditures	% Error Rate
		0.00%

- Does the total of the provider expenditures equal the reported expenditures? Yes No
- If the total of the provider expenditures does not equal the total reported expenditures, is the variance less than 5.0%? N/A Yes No
- Is the total provider expenditures correctly calculated? This can be verified either by printing the worksheet with formulas and row and column headings or by recalculating using a calculator with a print function. Yes No

Summary:

- Is a corrective action required? Yes No
- If applicable date corrected data or report due to DADS _____
- If applicable date corrective action plan due to DADS. _____

Attachments:

- Printout of AAA performance report for the month/service attached. Yes No
- Printout of Excel worksheet submitted by the AAA for PMT. Yes No
- Printout of Excel worksheet with formulas, and row and column headings submitted by the AAA for PMT or calculated printout verifying calculated totals. Yes No
- If applicable, copy of letter requesting corrective action plan. N/A Yes No
- If applicable, copy of accepted corrective action plan from the area agency. N/A Yes No

Comments: _____

Date Reviewed: _____ AAA Performance Analyst: _____

Contract Document Review and Approval

AAA Name:	Service:
Provider:	Initial Review Date:

1. Is this service subcontracted or vendored? Yes No
2. Does the PMT package include a copy of the original contract/extension/agreement/intent to contract if applicable; or vendor agreement/extension? Yes No
3. Contract must include the following in writing or by reference:
 - Records management – 40 TAC §84.1(d)(h)
 - ✓ Five (5) year maintenance of records - 40 TAC §84.1(h)(3) Yes No
 - Client Contribution Policy – 40 TAC §84.1(j) Yes No
 - Provider and/or Client complaint – 40 TAC §84.1(e) Yes No
 - Provider and/or Client appeal(s) – 40 TAC §84.1(f) Yes No
 - Certification Regarding Debarment – 40 TAC §83.2(g)(1) Yes No
 - Audit requirements addressed – 40 TAC §83.2(c)(4) N/A Yes No
 - Match requirements documented– 40 TAC §83.2(j) N/A Yes No
 - Program income addressed– 40 TAC §83.2(l) N/A Yes No
 - All other relevant sections of the TAC relating to services– 40 TAC §83.2(i)(6) Yes No
4. Are services specified in the contract/vendor agreement? Yes No
5. Rate(s) for a fixed rate service(s) listed in contract or attachment? N/A Yes No
6. Are all contract documents appropriate for the procurement methodology being used? Yes No
7. Are all contract documents signed and dated within the appropriate time period? Yes No

Have all applicable forms been received? Yes No

Is the contract certified? Yes No

- If so, the service is, “Review Complete & No Required Revisions” → **stop here.**
- If all required documentation is not received, “Review Complete with Required Changes(s)”. A corrective action plan (CAP) is required. Yes No

Date Reviewed: _____ **AAA Program Coordinator:** _____

Comments &/or TA Provided: _____

-
- Is a CAP required? N/A Yes No
 - If yes, has CAP been approved? Yes No

AAA Name: _____

Subcontractor/Vendor Name: _____

Service: _____

Date: _____

Review and Approval – Fiscal:

- 1. Copy of contract/vendor agreement received, if subcontracted N/A Yes No
 If applicable, was waiver issued? N/A Yes No
 Does invoice rate match contract/vendor rate? N/A Yes No
- 2. Are reported expenditures based on cost reimbursement? N/A Yes No
- 3. Are reported expenditures appropriate? N/A Yes No
- 4. Invoice totals reconcile with provider summary? N/A Yes No

Invoice totals match payment invoice? Yes No

Invoice Total	Payment Invoice

If no, is variance greater than 5%? Yes No

If no, variance is allowable, proceed to #5.

If yes, service is not certified, proceed to #5.

- 5. Invoices paid in month reported? Yes No
- 6. Roster total for TDoA clients reconcile with units reported? # _____ Yes No
- 7. Is this service CERTIFIED, if yes stop here. → Yes No
- 8. If NO, is a Corrective Action Plan required? N/A Yes No
- 9. Was it submitted timely? N/A Yes No
- 10. If so, is it attached? N/A Yes No
- 11. Is Corrective Action Plan approved? N/A Yes No
- 12. Email sent to reports notifying status of certification? Yes No

Additional random selection process (to include timeframe): _____

Additional Comments

Date Reviewed: _____ AAA Fiscal Coordinator: _____

- Certified Certified with Qualification Not certified

If Certified with Qualifications explain below:

AAA Name: _____

Subcontractor/Vendor Name: _____

Service: _____

Date: _____

Review and Approval – Fiscal:

- 1. Copy of rate setting forms received? Yes No
- 2. Copy of contract/vendor agreement received? Yes No
- 3. Rate setting process correct and complete? Yes No
- 4. Does invoice rate match contract/vendor rate? Yes No

Contract Rate	Rate paid per invoice

- 5. Invoice totals reconcile with provider summary? Yes No

	Invoice Amounts	Provider Summary
Totals		

- 6. Invoice totals match payment invoice? Yes No

Invoice Total	Payment Invoice

- 7. Services provided in month reported? Yes No
- 8. Roster total for TDoA clients reconcile with provider summary? # _____ Yes No
- 9. Invoice(s) paid timely per contract? Yes No
- 10. Vendor checks clear in reasonable time period. Yes No
- 11. Is this service CERTIFIED, if yes stop here. → Yes No

12. If NO, is a Corrective Action Plan required? N/A Yes No
13. Was it submitted timely? N/A Yes No
14. If so, is it attached? N/A Yes No
15. Is Corrective Action Plan approved? N/A Yes No
16. Email sent to reports notifying status of certification? Yes No

Additional random selection process (to include timeframe): _____

Additional Comments _____

Date Reviewed: _____ AAA Fiscal Coordinator: _____

- Certified Certified with Qualification Not certified

If Certified with Qualifications explain below:

Congregate Meals - PMT Review and Approval – Program:

AAA Name: _____

Sub/Vendor Name _____

Date: _____

Sub/Vendor Name _____

1. Were all required documents submitted for each client?
 - Intake N/A Yes No
 - Nutritional Risk Assessment N/A Yes No
 - Service authorization(s) N/A Yes No
 - Meal roster(s) N/A Yes No
2. Intakes:
 - Do all intakes follow the required format and include all required information? Yes No
 - Do all intakes indicate the client is eligible for Title III services? Yes No
 - Is the intake date prior to the date service was initiated? Yes No
3. Nutritional Risk Assessment:
 - Are all Nutritional Risk Assessments completed with a score, date and client name? Yes No
 - Are all Nutritional Risk Assessments completed within the annual requirement? Yes No
4. Rosters:
 - Do the original provider documents support the per client units reported to the AAA? Yes No
 - Do original provider rosters reconcile individual units served with those reported? Yes No
5. Service Authorizations:
 - Is the Service Authorization (SA) process in compliance with the TAC? N/A Yes No
 - Was the service provided within the timeframe specified on the SA? N/A Yes No
 - Were the units served reconcilable to the SA (e.g. # authorized w/ # served)? N/A Yes No
6. Does the service have one or less errors? If so the service is CERTIFIED → stop here. Yes No

If not certified and additional testing is required please go to item #6.

If not certified please go to item #7.

Date Reviewed: _____ AAA Program Coordinator: _____

Certified

Certified with Qualification

If Certified with Qualifications explain below:

- **Is retesting required?** N/A Yes No
- Corrective Action Plan (CAP), as applicable N/A Yes No
 - Is the CAP in process? N/A Yes No
 - If CAP received, was Corrective Action Plan submitted timely? N/A Yes No
 - Date CAP received: _____

7. Does the service have two or three errors? If so the an additional 32 clients are reviewed Yes No

▪ Additional random selection process (to include timeframe): _____

AAA Name: _____
Date: _____

Sub/Vendor Name _____
Sub/Vendor Name _____

Date Reviewed: _____ AAA Program Coordinator: _____

Certified

Certified with Qualification

If Certified with Qualifications explain below:

- | | |
|---|---|
| ▪ Is retesting required? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Corrective Action Plan (CAP), as applicable | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Is the CAP in process? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ If CAP received, was Corrective Action Plan submitted timely? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ➤ Date CAP received: _____ | |

8. Are there four or more errors? If so, the service **CANNOT be certified.** Yes No

Date Reviewed: _____ AAA Program Coordinator: _____

Not Certified

If Not Certified explain below:

Corrective Action Plan

- | | |
|---|---|
| ▪ Is retesting required? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Is this CAP a sanction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Is the CAP in process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ If CAP received, was Corrective Action Plan submitted timely? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ➤ Date CAP received: _____ | |

Additional Comments

Personal Assistance Services - PMT Review and Approval – Program:

AAA Name: _____
Date: _____

Vendor Name _____
Vendor Name _____

1. Were all required documents submitted for each client?
 - Intake Yes No
 - Functional Assessment (F2060) Yes No
 - Care Plan (where applicable) N/A Yes No
 - Nutritional Risk Assessment (where applicable) N/A Yes No
 - File/Case Narrative supporting service provided Yes No
 - Service authorization(s) Yes No
 - PAS attendant time sheets supporting units of service provided N/A Yes No
2. Intakes:
 - Do all intakes follow the required format and include all required information? Yes No
 - Do all intakes indicate the client is eligible for Title III services? Yes No
 - Is the intake date prior to the date service was initiated? Yes No
3. Assessments:
 - Is there an appropriate functional assessment (F2060) for each client reviewed? Yes No
 - Is there a Nutritional Risk Assessment (NRA) where applicable? N/A Yes No
 - Are all functional assessments completed, dated and scored appropriately? Yes No
 - Are all NRA assessments completed, dated and scored appropriately Yes No
 - Are all assessments completed within the required annual time frame? Yes No
4. File Narrative:
 - Does the file narrative support the service provided? Yes No
 - Does the file narrative identify any unallowable activities? Yes No
5. PAS Timesheets:
 - Do the original provider documents support the per client units reported to the AAA? Yes No
 - Do original provider timesheets reconcile individual units served with those reported? Yes No
6. Service Authorizations:
 - Is the Service Authorization (SA) process in compliance with the TAC? Yes No
 - Was the service provided within the timeframe specified on the SA? Yes No
 - Were the units served reconcilable to the SA (e.g. # authorized w/ # served)? Yes No
7. Does the service have one or less errors? If so the service is CERTIFIED → stop here. Yes No

If not certified and additional testing is required please go to item #6.

If not certified please go to item #7.

Date Reviewed: _____ AAA Program Coordinator: _____

Certified

Certified with Qualification

If Certified with Qualifications explain below:

AAA Name: _____

Sub/Vendor Name _____

Date: _____

Sub/Vendor Name _____

- **Is retesting required?** N/A Yes No

Corrective Action Plan (CAP), as applicable

N/A Yes No

- Is the CAP in process? N/A Yes No

8. Does the service have two or three errors? If so the an additional 32 clients are reviewed Yes No

- Additional random selection process (to include timeframe): _____

Date Reviewed: _____

AAA Program Coordinator: _____

Certified

Certified with Qualification

If Certified with Qualifications explain below:

- **Is retesting required?** N/A Yes No

Corrective Action Plan (CAP), as applicable

N/A Yes No

- Is the CAP in process? N/A Yes No

- If CAP received, was Corrective Action Plan submitted timely? N/A Yes No

➤ Date CAP received: _____

9. Are there four or more errors? If so, the service **CANNOT be certified.** Yes No

Date Reviewed: _____

AAA Program Coordinator: _____

Not Certified

If Not Certified explain below:

Corrective Action Plan

- **Is retesting required?** N/A Yes No

- Is this CAP a sanction? Yes No

- Is the CAP in process? Yes No

- If CAP received, was Corrective Action Plan submitted timely? Yes No

➤ Date CAP received: _____

Additional Comments

Letter Examples

EXAMPLE

Date

Director's name & title
AAA name
Address
City, State Zip Code

Regarding: Congregate Meals and Personal Assistance Program PMT

Dear {director's name}:

The Department has completed its performance measure testing (PMT) review of the **{AAA Name}** Area Agency on Aging's Congregate Meals and Personal Assistance programs for fiscal year 2006. Below are the results for each level of review:

- Congregate Meals –
- Personal Assistance –

The Department would like to acknowledge **{AAA Name}** Area Agency on Aging's diligence and cooperation during the PMT process.

Sincerely,

Gary Jessee, Section Manager
Access & Intake – Agency Agencies on Aging

GJ/TLP

cc: **{Fiscal Director's name}**, Fiscal Director

EXAMPLE

MEMORANDUM

TO: Director's Name, Title, AAA
Fiscal Director's Name, Title, AAA

FROM: **Gary Jessee, Section Manager**
Access & Intake – Area Agencies on Aging

DATE: **Date**

SUBJECT: **Corrective Action Plan (CAP) – {program}**
{Review Level}
Due to the Department by 8:00 a.m., {Day/ Date}

Fiscal Review-Legal Awareness

Performance measure testing (PMT) for the fiscal level includes verifying units reported are provided for the month being tested. Additionally, invoices/journals are reconciled to the expenditure support documentation and ensure that expenditures are appropriate for services being provided.

During the Department's review of **{program}**, the following issue was identified:

- The AAA did not report the units for legal awareness appropriately.

The AAA is required to submit a corrective action plan (CAP) detailing the steps the AAA will take to prevent the reoccurrence of this issue. The plan must be submitted to the reports mailbox at T3Areports@dads.state.tx.us by 8:00 a.m. **{day/date}**, and must include the following:

Corrective action plan to reduce the risk of future reoccurrences:

- Procedures must be reviewed and/or revised to prevent future reoccurrence of this error. A copy of those procedures must be submitted to the Department for review. Additionally, the AAA must provide certification that all quarters previous reported have been corrected on the next Quarterly Performance Report.

Following the receipt of the corrective action plan, the AAA will be notified of its acceptance or additional information will be requested. Failure to submit a corrective action plan will result in a level one penalty being assessed in accordance with 40 TAC 81.13. A retest of this service will be required.

Thank you for your efforts and cooperation in the performance measure testing process. Please contact the help desk at t3ahelp@dads.state.tx.us should you have any questions or need additional information.

Example of a Fiscal CAP Approval Memo

MEMORANDUM

TO: Director's Name, Title
AAA Name

FROM: Gary Jessee, Section Manager
Access & Intake – Area Agencies on Aging

DATE: Date

SUBJECT: Fiscal Corrective Action Plan (CAP) – **{Program}**

Performance measure testing (PMT) for the fiscal level includes verifying units reported are provided for the month being tested. Additionally, invoices/journals are reconciled to the expenditure support documentation and ensure that expenditures are appropriate for services being provided. The Department has completed the PMT fiscal review of the **{program}** program.

The Department has reviewed the Corrective Action Plan to address the identified weaknesses and agrees the actions listed in the plan will ensure compliance with the federal, state and departmental rules and regulations related to the **{AAA}** Area Agency on Aging's **{program}** program. The Department accepts the Corrective Action Plan.

Thank you for your efforts and cooperation in the performance measure testing process. Contact the help desk at T3Ahelp@dads.state.tx.us should you have any questions or need additional information.

Round Four Overview

MEMORANDUM

TO: AAA Directors
AAA Fiscal Directors

FROM: Gary Jessee, Section Manager
Access & Intake – Area Agencies on Aging

DATE: September 7, 2005

SUBJECT: Performance Measure Testing – Round Four Overview

The Department has concluded round four of performance measure testing (PMT). The Caregiver Education & Training and Legal Awareness programs were reviewed at the Contract, Fiscal, Performance, and Program levels. We want to thank all AAAs for their cooperation in providing the requested information. The review proved beneficial in identifying areas of weakness and where an AAA was meeting or exceeding Department requirements. At the request of the AAAs, the Department is continuing to provide a summary of PMT after each completed round of testing.

Listed below is a summary of our review of the Caregiver Education & Training and Legal Awareness programs, by review levels.

Overall

Program	Certified (no Qualifications)	Certified w/Qualifications	Not Certified (or Stopped)	Not Applicable
Caregiver Education & Training	72%	14%	3%	11%
Legal Awareness	62%	8%	1%	29%

Contract

Program	Certified (No Qualifications)	Certified w/Qualifications	Not Certified	Not Applicable
Caregiver Education & Training	29%	28%	0%	43%
Legal Awareness	0%	4%	0%	96%

Fiscal

Program	Certified (No Qualifications)	Certified w/Qualifications	Not Certified (or Stopped)	Not Applicable
Caregiver Education & Training	86%	5%	9%	0%
Legal Awareness	77%	19%	4%	0%

Performance

Program	Certified (No Qualifications)	Certified w/Qualifications	Not Certified	Not Applicable
Caregiver Education & Training	86%	14%	0%	0%
Legal Awareness	89%	11%	0%	0%

Program

Program	Certified (No Qualifications)	Certified w/Qualifications	Not Certified (or Stopped)	Not Applicable
Caregiver Education & Training	91%	5%	4%	0%
Legal Awareness	81%	0%	0%	19%

Several reoccurring issues were identified:

- Contract
 - OMB A-133 audit requirements identified in the contracts were incorrect.
- Fiscal
 - Unallowable expenditures and data entry errors
- Performance
 - Units and expenditures reported on the PMT request for information do not match the units and expenditures on the QPR:
 1. Program income dollars and units purchased with program income dollars were included on the PMT request for information.
 2. AAAs were aware incorrect information had been reported on the QPR and reported the correct information on the PMT request for information. The AAA could have submitted a corrected QPR prior to receiving written notice of the PMT in order to have the corrected QPR included in the PMT process. Several AAAs indicated they were unaware of TA 03-04 on how to submit a Corrected Quarterly Performance Report.

➤ Program

- Legal Awareness: Events were on calendars that did not promote sharing with other staff or easily copied, such as paper desk calendar located on a staff member's desk.
- Caregiver Education and Training: Unallowable activities budgeted and charged.
 - Activities such as classes and therapies charged to the service when they should be charged to Physical Fitness
 - IR&A services charged to Caregiver Education and Training

Should you have any questions regarding the performance measure testing process, please contact the Department's Help Desk at T3Ahelp@dads.state.tx.us. Again, the Department wishes to thank the AAAs for their commitment to maintaining accurate reporting and meeting program and fiscal standards.