Section 9 - Performance Measure Testing (PMT)

PMT – Component Process

Website reference: AAA-TA503 PMT Component Process
Performance Measure Testing (PMT) Overview

A "PMT Round" is developed.

The Access & Intake - Area Agencies on Aging (MII-AAA) Section Manager and the PMT Coordinator determine the services to be tested.

Services to be tested are selected based on risk assessment, LBB Key Performance Measures, feedback from the Aging Network, Internal / State Auditors, and/or the elapsed time since the service was tested.

Based on a random selection, the month to be tested is determined.

A random ordering of the Area Agencies on Aging (AAA) is created. (Currently, Excel's random number generator is used.) The services selected and their respective complexity and/or the number of services to be tested will determine how many AAs will be in each group.

The "PMT Groups" are developed.

A total of three Requests for Information (RFI) per AAA within a Group are sent in each "round."

1st RFI
- Requests the names of the AAs' providers, the units served, and the amount paid to each provider.

The AAA have three (3) working days to return the information to the Reports Mailbox and notice is sent to the PMT Coordinator. For a detailed account of the Reports Admin function, refer to the A81-AAA process number, T 504.

The PMT Coordinator processing the information and emails the AAA Reports Coordinator when the submissions are received. For a detailed account of the PMT Coordinator function, refer to the A81-AAA process number, T 510.

2nd RFI
- Requests the expenses, the number of clients, and the number of units along with the details from the randomly selected providers from the 1st RFI.

The AAA have four (4) working days to submit their information to the Reports Mailbox.

When received, the documentation is reviewed for its completeness by the PMT Coordinator and completes the check-in checklist.

3rd RFI
- Requests specific fiscal, contract, program, and client information documentation.

The AAA have ten (10) working days to submit the documentation to the Department. The AAA must submit a hard copy of the information.
As the reviews are completed, the PMT Reviewer will issue an email to the Review Team and PMT Coordinator advising their review is completed. Their documentation and checklist are filed in the AAA's PMT file located in the designated location.

The Reviewer completes the PMT Consolidated Review Status workbook and the PMT Status workbook for the Round/Retest.

Have all the reviews been completed?

Yes

The PMT Coordinator completes the PMT Atme Program Consolidated Checklist using the Reviewer's checklist.

A completion letter is generated and added to the documentation. The full package is forwarded to the AAA - AAA Section Manager for review and signature.

When returned, the PMT Coordinator follows the PMT Coordinator process, T:SU:

No

PMT Coordinator and Reviewers work to resolve issues. They will escalate to the AAA - AAA Section Manager and/or Unit Manager any unresolved issues for intervention.

The End.
# PMT Round Program Schedule

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

<table>
<thead>
<tr>
<th>Group</th>
<th>AAA</th>
<th>Notice</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>North Texas</td>
<td>11/21/2005</td>
<td>1/2/2006</td>
</tr>
<tr>
<td>1</td>
<td>Coastal Bend</td>
<td>11/21/2005</td>
<td>1/2/2006</td>
</tr>
<tr>
<td>1</td>
<td>Heart of Texas</td>
<td>11/21/2005</td>
<td>1/2/2006</td>
</tr>
<tr>
<td>1</td>
<td>East</td>
<td>11/21/2005</td>
<td>1/2/2006</td>
</tr>
<tr>
<td>2</td>
<td>Harris (city of houston)</td>
<td>12/5/2005</td>
<td>1/16/2006</td>
</tr>
<tr>
<td>2</td>
<td>Middle Rio</td>
<td>12/5/2005</td>
<td>1/16/2006</td>
</tr>
<tr>
<td>2</td>
<td>Texoma</td>
<td>12/5/2005</td>
<td>1/16/2006</td>
</tr>
<tr>
<td>3</td>
<td>Dallas</td>
<td>12/18/2005</td>
<td>1/30/2006</td>
</tr>
<tr>
<td>3</td>
<td>CAPCO</td>
<td>12/19/2005</td>
<td>1/30/2006</td>
</tr>
<tr>
<td>3</td>
<td>Lower Rio</td>
<td>12/19/2005</td>
<td>1/30/2006</td>
</tr>
<tr>
<td>3</td>
<td>Tarrant (see below)</td>
<td>12/19/2005</td>
<td>1/30/2006</td>
</tr>
<tr>
<td>3</td>
<td>Alamo</td>
<td>12/19/2005</td>
<td>1/30/2006</td>
</tr>
<tr>
<td>4</td>
<td>HGAC</td>
<td>1/2/2006</td>
<td>2/13/2006</td>
</tr>
<tr>
<td>4</td>
<td>Southeast</td>
<td>1/2/2006</td>
<td>2/13/2006</td>
</tr>
<tr>
<td>4</td>
<td>Concho Valley</td>
<td>1/2/2006</td>
<td>2/13/2006</td>
</tr>
<tr>
<td>4</td>
<td>South Plains</td>
<td>1/2/2006</td>
<td>2/13/2006</td>
</tr>
<tr>
<td>5</td>
<td>West Central</td>
<td>1/10/2006</td>
<td>2/27/2006</td>
</tr>
<tr>
<td>5</td>
<td>South Texas</td>
<td>1/10/2006</td>
<td>2/27/2006</td>
</tr>
<tr>
<td>5</td>
<td>Panhandle</td>
<td>1/10/2006</td>
<td>2/27/2006</td>
</tr>
<tr>
<td>6</td>
<td>Central</td>
<td>1/30/2006</td>
<td>3/13/2006</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Provider Names</th>
<th>Total {Month} Units</th>
<th>Total Cost for {Month} Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred Blume’s Services</td>
<td>100</td>
<td>$4500.00</td>
</tr>
<tr>
<td>ABC Services for older Texans</td>
<td>12,500</td>
<td>$48,125.00</td>
</tr>
<tr>
<td>XYZ- AAA</td>
<td>350</td>
<td>$ 5,475.00</td>
</tr>
</tbody>
</table>
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

MEMORANDUM

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:**

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

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.
### Provider/Client Service Listing

#### For the Reporting Period of *November 2005*

<table>
<thead>
<tr>
<th>Check Number</th>
<th>Payment Date</th>
<th>Check Amount</th>
<th>Client ID Number</th>
<th>Client Name</th>
<th>Units per Client</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Check Number</th>
<th>Payment Date</th>
<th>Check Amount</th>
<th>Client ID Number</th>
<th>Client Name</th>
<th>Units per Client</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Check Number</th>
<th>Payment Date</th>
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<th>Client ID Number</th>
<th>Client Name</th>
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<tbody>
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</tr>
</tbody>
</table>

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Department of Aging and Disability

AAA: [AAA]

Provider/Client Service Listing

Service: Congregate Meals

Provider: [Provider]
Third Step-Request for Fiscal and Program Support Documentation

MEMORANDUM

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](mailto: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.

<table>
<thead>
<tr>
<th>Reported Units</th>
<th>Total Provider Units</th>
<th>% Error Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.00%</td>
</tr>
</tbody>
</table>

1. Does the total of the provider unit’s equal the total reported units?  ☐ Yes  ☐ No
2. 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
3. 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.

<table>
<thead>
<tr>
<th>Reported Expenditures</th>
<th>Total Provider Expenditures</th>
<th>% Error Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.00%</td>
</tr>
</tbody>
</table>

1. Does the total of the provider expenditures equal the reported expenditures?  ☐ Yes  ☐ No
2. 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
3. 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:

1. Is a corrective action required?  ☐ Yes  ☐ No
2. If applicable date corrected data or report due to DADS
3. If applicable date corrective action plan due to DADS.

Attachments:

1. Printout of AAA performance report for the month/service attached.  ☐ Yes  ☐ No
2. Printout of Excel worksheet submitted by the AAA for PMT.  ☐ Yes  ☐ No
3. 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
4. If applicable, copy of letter requesting corrective action plan.  ☐ N/A  ☐ Yes  ☐ No
5. 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

<table>
<thead>
<tr>
<th>AAA Name:</th>
<th>Service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider:</td>
<td>Initial Review Date:</td>
</tr>
</tbody>
</table>

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
   If applicable, was waiver issued?
   Does invoice rate match contract/vendor rate?

2. Are reported expenditures based on cost reimbursement?

3. Are reported expenditures appropriate?

4. Invoice totals reconcile with provider summary?

Invoice totals match payment invoice?

<table>
<thead>
<tr>
<th>Invoice Total</th>
<th>Payment Invoice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If no, is variance greater than 5%?
If no, variance is allowable, proceed to #5.
If yes, service is not certified, proceed to #5.

5. Invoices paid in month reported?

6. Roster total for TDoA clients reconcile with units reported? #___________

7. Is this service CERTIFIED, if yes stop here. 
   If NO, is a Corrective Action Plan required?

8. Was it submitted timely?

9. If so, is it attached?

10. Is Corrective Action Plan approved?

11. Email sent to reports notifying status of certification?

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

<table>
<thead>
<tr>
<th>Contract Rate</th>
<th>Rate paid per invoice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Invoice Amounts</th>
<th>Provider Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals**

6. Invoice totals match payment invoice? □ Yes □ No

<table>
<thead>
<tr>
<th>Invoice Total</th>
<th>Payment Invoice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
<table>
<thead>
<tr>
<th>Component</th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional Risk Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service authorization(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal roster(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do all intakes follow the required format and include all required information?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Do all intakes indicate the client is eligible for Title III services?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Is the intake date prior to the date service was initiated?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Are all Nutritional Risk Assessments completed with a score, date and client name?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Are all Nutritional Risk Assessments completed within the annual requirement?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Do the original provider documents support the per client units reported to the AAA?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Do original provider rosters reconcile individual units served with those reported?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Is the Service Authorization (SA) process in compliance with the TAC?</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was the service provided within the timeframe specified on the SA?</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were the units served reconcilable to the SA (e.g. # authorized w/ # served)?</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is retesting required?</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Corrective Action Plan (CAP), as applicable</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is the CAP in process?</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If CAP received, was Corrective Action Plan submitted timely?</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Additional random selection process (to include timeframe):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If certified with qualifications explain below:

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: _______________________  Sub/Vendor Name ________________________

Date: __________________________  Sub/Vendor Name ________________________

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?
    ➢ 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?  [ ] 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?
  ➢ Date CAP received: __________________________

Additional Comments

________________________________________________________________________

________________________________________________________________________
1. Were all required documents submitted for each client?
   - Intake  
   - Functional Assessment (F2060)  
   - Care Plan (where applicable)  
   - Nutritional Risk Assessment (where applicable)  
   - File/Case Narrative supporting service provided  
   - Service authorization(s)  
   - PAS attendant time sheets supporting units of service provided

2. Intakes:
   - Do all intakes follow the required format and include all required information?
   - Do all intakes indicate the client is eligible for Title III services?
   - Is the intake date prior to the date service was initiated?

3. Assessments:
   - Is there an appropriate functional assessment (F2060) for each client reviewed?
   - Is there a Nutritional Risk Assessment (NRA) where applicable?
   - Are all functional assessments completed, dated and scored appropriately?
   - Are all NRA assessments completed, dated and scored appropriately
   - Are all assessments completed within the required annual time frame?

4. File Narrative:
   - Does the file narrative support the service provided?
   - Does the file narrative identify any unallowable activities?

5. PAS Timesheets:
   - Do the original provider documents support the per client units reported to the AAA?
   - Do original provider timesheets reconcile individual units served with those reported?

6. Service Authorizations:
   - Is the Service Authorization (SA) process in compliance with the TAC?
   - Was the service provided within the timeframe specified on the SA?
   - Were the units served reconcilable to the SA (e.g. # authorized w/ # served)?

7. Does the service have one or less errors? If so the service is CERTIFIED → stop here.
   - 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
- **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
- **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
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}

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.
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.
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

<table>
<thead>
<tr>
<th>Program</th>
<th>Certified (no Qualifications)</th>
<th>Certified w/Qualifications</th>
<th>Not Certified (or Stopped)</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Education &amp; Training</td>
<td>72%</td>
<td>14%</td>
<td>3%</td>
<td>11%</td>
</tr>
<tr>
<td>Legal Awareness</td>
<td>62%</td>
<td>8%</td>
<td>1%</td>
<td>29%</td>
</tr>
</tbody>
</table>

### Contract

<table>
<thead>
<tr>
<th>Program</th>
<th>Certified (No Qualifications)</th>
<th>Certified w/Qualifications</th>
<th>Not Certified</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Education &amp; Training</td>
<td>29%</td>
<td>28%</td>
<td>0%</td>
<td>43%</td>
</tr>
<tr>
<td>Legal Awareness</td>
<td>0%</td>
<td>4%</td>
<td>0%</td>
<td>96%</td>
</tr>
</tbody>
</table>
### Fiscal

<table>
<thead>
<tr>
<th>Program</th>
<th>Certified (No Qualifications)</th>
<th>Certified w/Qualifications</th>
<th>Not Certified (or Stopped)</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Education &amp; Training</td>
<td>86%</td>
<td>5%</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>Legal Awareness</td>
<td>77%</td>
<td>19%</td>
<td>4%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Performance

<table>
<thead>
<tr>
<th>Program</th>
<th>Certified (No Qualifications)</th>
<th>Certified w/Qualifications</th>
<th>Not Certified (or Stopped)</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Education &amp; Training</td>
<td>86%</td>
<td>14%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Legal Awareness</td>
<td>89%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Program

<table>
<thead>
<tr>
<th>Program</th>
<th>Certified (No Qualifications)</th>
<th>Certified w/Qualifications</th>
<th>Not Certified (or Stopped)</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Education &amp; Training</td>
<td>91%</td>
<td>5%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Legal Awareness</td>
<td>81%</td>
<td>0%</td>
<td>0%</td>
<td>19%</td>
</tr>
</tbody>
</table>

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
  o 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.
  o 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.