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**State Auditor Tom Salmon Releases Report on Evaluating the
Success of Choices for Care Program**

The audit found the evaluation of the program was incomplete.

MONTPELIER – State Auditor Tom Salmon, CPA, CFE, has today released the results of an audit that looked at whether and how the Department of Disabilities, Aging and Independent Living (DAIL) could more effectively use performance measurement to evaluate the success of the Choices for Care (CFC) program.

Auditor Salmon reported that “on the positive side, DAIL has adopted a performance framework that could potentially effectively measure the CFC program. Unfortunately, this potential has not been completely fulfilled because the analyses of actual results was incomplete and targets were not established.”

With expenditures of about \$200 million, CFC uses substantial federal and state resources. CFC serves a vulnerable population—its participants are elderly and/or physically disabled adults that meet certain financial and clinical criteria—that need long term care provided in nursing facilities or in home or community-based settings.

CFC is a Medicaid program that was originally approved in 2005 as a demonstration program under a section 1115 waiver, which allows a state to use federal funds in a way not otherwise allowed under federal rules. Programs approved as a section 1115 waiver are required to be formally evaluated. Vermont’s CFC waiver expires on September 30, 2015.

The evaluation plan for the CFC program lists nine desired outcomes for the CFC program, including timely access to long-term supports, effectiveness of home and community-based services, positive experiences with CFC services, and the participant’s quality of life. The evaluation questions and performance indicators associated with these desired outcomes largely address program expectations and requirements.

There have been four CFC evaluation reports that include actual results related to the desired outcomes for the six completed years of the program as well as other documents evaluating the program. These

documents did not include actual results for about half of the 86 performance indicators. Critical areas in which actual results have not been reported relate to, for example, (1) obtaining feedback on the effect of the CFC program on participants that reside in nursing facilities and enhanced residential care homes—just over 60 percent of participants and (2) whether CFC has resulted in delaying or preventing the need for nursing facility care.

The CFC evaluation plan also does not include targets. Targets are a desired numerical result for a particular performance indicator—they indicate, in a quantitative manner, what a program is trying to achieve.

Auditor Salmon commented that DAIL could draw on the approach it used on one indicator as a model. DAIL captures the number of CFC participants that live in a nursing facility versus those that live in home or community-based settings. DAIL originally set a target of achieving a 60 percent/40 percent balance between participants receiving services in nursing facilities and in home and community-based settings, respectively. DAIL has met this target and established a new target of achieving a 50 percent/50 percent balance. By reporting actual results and utilizing targets, in this instance DAIL has been able to clearly demonstrate its improvement in achieving an important aim of the CFC program. “This is the type of approach that we’d like to see employed when evaluating other aspects of the CFC program” noted the State Auditor.

The audit report contains six recommendations to the Commissioner of DAIL. For example, it recommends that DAIL establish a mechanism to include the feedback of CFC participants that reside in nursing facilities and enhanced residential care settings, ensure that actual results are tracked and reported for all performance indicators in the CFC evaluation plan, and develop targets against which actual results are compared.

“I’m pleased that DAIL has agreed with these recommendations and has outlined specific actions and timelines for implementing them” stated Auditor Salmon. He further commented “this is indicative of the type of cooperation that we received in this audit for which we thank Commissioner Wehry and her staff.”

Dr. Susan Wehry, commissioner of DAIL, agreed.

“DAIL welcomed the opportunity to work with the State Auditor’s office to examine the use of performance measurement in evaluating the success of the Choices for Care program. DAIL has very good evidence of success and agrees we could have even better evidence by focusing on the most meaningful performance targets and consistently measuring progress,” she said.

The report, entitled Choices for Care: Desired Outcomes Established, but Evaluation of Actual Results Incomplete, can be accessed by clicking [here](#).