

New York City Department for the Aging

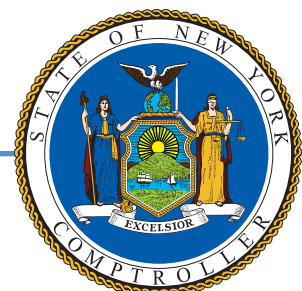
Case Management

Report 2021-N-9 | July 2023

OFFICE OF THE NEW YORK STATE COMPTROLLER

Thomas P. DiNapoli, State Comptroller

Division of State Government Accountability



Audit Highlights

Objective

To determine whether the New York City Department for the Aging provided and paid case management services appropriately for eligible seniors. The audit covered the period from January 2019 through October 2022.

About the Program

An important goal for many older adults and their families is to be able to live independently, safely, and comfortably in one's home for as long as possible. The New York City (City) Department for the Aging (DFTA) is the City agency primarily responsible for addressing public policy and service issues for the aging. As of 2021, there were over 1.9 million adults aged 60 and older (seniors) residing in the City. Seniors with certain functional limitations may be eligible for case management to ensure access to appropriate services, benefits, and entitlements needed to age safely at home and maintain their quality of life. DFTA reported over 39,000 seniors received case management services in City fiscal year 2022.

DFTA contracts with community-based organizations (providers) to deliver case management services. Between City fiscal years 2016 and 2022, these services were provided through 21 contracts with 15 providers. In the past 3 City fiscal years ended June 30, 2022, DFTA paid these providers approximately \$123 million. In City fiscal year 2023, DFTA awarded 21 new contracts to the same 15 providers. Providers submit monthly invoices for reimbursement of expenses. All client intakes, assessments, contacts, case notes, and client wait lists are recorded in DFTA's Senior Tracking, Analysis & Reporting System (STARS).

When services cannot be provided immediately, providers place clients on wait lists until the services become available. According to the May 2022 City Council Report to the Committee on Finance and the Committee on Aging on the Fiscal 2023 Executive Plan, "DFTA has long struggled with meeting the needs of the City's growing, diverse older adult population and keeping older adults from languishing on wait lists for essential services." According to DFTA, as of December 1, 2022, there were 1,742 people on the case management, 277 on the home care, and 61 on the home delivered meal wait lists.

Key Findings

DFTA does not provide adequate oversight of its case management program:

- DFTA did not ensure that its contracted providers adhered to DFTA's Case Management Standards of Operations (Standards); therefore, key milestones for delivering and monitoring needed services to vulnerable seniors were not always met.
- Clients spent significant time on wait lists before they could receive critical services, such as case management and home care. When services became available, referral was not always prioritized such that those with the greatest needs received services first. For example, a 96-year-old client with a mobility impairment and other serious medical conditions had been on the wait list for personal care services for 113 days.
- DFTA reimbursed providers for \$10,480 in claimed expenses that had insufficient supporting documentation or were unrelated to the case management program. For example, DFTA reimbursed \$1,314 in unrelated expenses to a provider, including \$459 for a recliner, \$349 for a mattress, \$201 for a jacket, \$125 for window blinds, \$120 for a microwave, and \$60 for a blender.

-
- DFTA's oversight of its case management providers was inadequate as it did not maximize the use of available case management data, and it did not include certain aspects of case management in its evaluations.

Key Recommendations

- Ensure that case managers comply with all requirements of the Standards, including timely assessments, supervisory review, contacts, and documentation.
- Review wait lists to assess whether clients are prioritized for service referral based on weighted scores.
- Utilize existing case management data in STARS to more effectively review case management provider compliance and performance.
- Review the \$10,480 in claimed expenses and recover as appropriate.



**Office of the New York State Comptroller
Division of State Government Accountability**

July 26, 2023

Lorraine Cortés-Vázquez
Commissioner
New York City Department for the Aging
2 Lafayette Street
New York, NY 10007

Dear Commissioner Cortés-Vázquez:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By so doing, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit entitled *Case Management*. This audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article III of the General Municipal Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

Division of State Government Accountability

Contents

- Glossary of Terms**..... 5
- Background**..... 6
- Audit Findings and Recommendations**..... 7
 - Case Management Services..... 7
 - Recommendations..... 11
 - DFTA Oversight..... 11
 - Recommendations..... 12
 - Payments to Providers..... 12
 - Recommendations..... 14
- Audit Scope, Objective, and Methodology**..... 15
- Statutory Requirements**..... 16
 - Authority..... 16
 - Reporting Requirements..... 16
- Agency Comments and State Comptroller’s Comments**..... 17
- Contributors to Report**..... 20

Glossary of Terms

Term	Description	Identifier
DFTA	New York City Department for the Aging	<i>Auditee</i>
Fiscal Manual	DFTA's Fiscal Management Manual	<i>Key Term</i>
HDML	Home Delivered Meals program	<i>Key Term</i>
HHS Accelerator	NYC Health and Human Services Accelerator portal	<i>System</i>
OTPS	Other than personal services	<i>Key Term</i>
PAS	Program Assessment System	<i>Key Term</i>
Providers	Community-based case management providers	<i>Service Provider</i>
PS	Personal services	<i>Key Term</i>
Standards	DFTA's Case Management Standards of Operations	<i>Key Term</i>
STARS	Senior Tracking, Analysis & Reporting System	<i>System</i>

Background

An important goal for many older adults and their families is to be able to live independently, safely, and comfortably in one's home for as long as possible. The New York City (City) Department for the Aging (DFTA) is the City agency primarily responsible for addressing public policy and service issues for the aging. DFTA's mission is to work to eliminate ageism and ensure the dignity and quality of life of the City's diverse older adults, and for the support of their caregivers through service, advocacy, and education. DFTA's planned spending for the fiscal year ended June 30, 2023 was approximately \$543 million, including \$350 million and \$44 million in City and State funding, respectively, with the remainder from federal funds. As of 2021, there were over 1.9 million seniors (ages 60 or over) residing in the City.

DFTA contracts with community-based organizations (providers) to provide case management services, which help older persons with a functional impairment gain access to appropriate services, benefits, and entitlements needed to age safely at home and maintain their quality of life. DFTA reported more than 39,000 seniors received case management services in City fiscal year 2022.

Between City fiscal years 2016 and 2022, these services were provided through 21 contracts with 15 providers. In the past 3 City fiscal years ended June 30, 2022, DFTA paid these providers approximately \$123 million. In City fiscal year 2023, DFTA awarded 21 new contracts to the same 15 providers. Case management providers are paid based on reported expenses, whereby providers submit invoices monthly for reimbursement of expenses. As of 2021, providers are required to submit the invoices through the City's Health and Human Service Accelerator (HHS Accelerator) and to provide support for personal service (PS) expenses, such as payroll ledgers, health insurance, and workers' compensation information. However, DFTA does not require providers to submit support for other than personal service (OTPS) expenses.

Case managers will contact clients and perform intake assessments, evaluate benefits, enroll eligible clients in home delivered meals (HDML), housekeeping, and personal care services. When services cannot be provided immediately, providers place the clients on wait lists until the services become available. According to the May 2022 City Council Report to the Committee on Finance and the Committee on Aging on the Fiscal 2023 Executive Plan, "DFTA has long struggled with meeting the needs of the City's growing, diverse older adult population and keeping older adults from languishing on wait lists for essential services." According to DFTA, as of December 1, 2022, there were 1,742 people on the case management, 277 on the home care, and 61 on the HDML wait lists.

Audit Findings and Recommendations

DFTA did not effectively monitor providers to ensure they complied with DFTA's Case Management Standards of Operations (Standards) for delivering case management services to seniors, who are dependent on them for critical services. We found instances of non-compliance with timeliness requirements for tasks such as client assessments, supervisory review, follow-ups, and case notes. A review of a random sample of 53 clients identified 39 instances of non-compliance with DFTA's Standards, highlighting the importance of protecting the City's older population by ensuring the services they need are being delivered in a timely manner.

In addition, clients with significant needs were waiting for services for substantial periods of time. For example, one client with a mobility impairment and other serious medical conditions had been on the wait list for personal care services for 113 days. We also found that clients on wait lists were referred for services before others who were assessed as having greater urgency for the services.

Further, DFTA's oversight of its providers' performance was inadequate as it did not maximize the use of available case management data and did not include certain aspects of case management in its evaluations.

DFTA does not always review supporting documentation for expenditures prior to payment. During a review of one month's expenditures, totaling \$493,179, from a sampled provider's contracts, we found DFTA paid \$10,480 for expenditures that were not properly claimed or that were unrelated to the case management program. For example, DFTA reimbursed \$1,314 in unrelated expenses to a provider, including \$459 for a recliner, \$349 for a mattress, \$201 for a jacket, \$125 for window blinds, \$120 for a microwave, and \$60 for a blender.

Case Management Services

Case management providers identify seniors' needs, connect them to services, coordinate care, and respond to and resolve any issues that arise. Case management services include:

- Intake and assessment to determine client needs
- Care planning based on client needs and goals
- Authorizing home care services and HDML
- Referring clients to community resources
- Coordinating and negotiating with service providers
- Monitoring services through contact and coordination with service providers

To be eligible for case management, the individual must be at least 60 years of age, have functional limitations, and be able to be safely maintained at home.

As described by DFTA in its 2022 Annual Plan, as people age, some older adults lose independence due to decreased mobility and cognitive functions as well as other disabilities. Therefore, it is essential that DFTA's clients receive timely and quality services in accordance with their needs. However, we found providers did

not always initiate the processes necessary to determine and plan for client's needs, and/or monitor the services provided, on a timely basis. Moreover, clients were sometimes referred for a service before others whose need for that service was deemed to be more urgent.

Case Management Standards

DFTA's Standards detail key case management functions for providers and the time frames for completion, including:

- Initial Client Assessment – Within 10 days from intake, a comprehensive initial assessment is conducted to identify specific client needs and capabilities. This assessment includes determining whether there is a need for services such as home care or HDML, reviewing financial information, and determining eligibility for DFTA services. A comprehensive care plan is then developed, which includes client goals and needed services.
- Supervisory Review – The case manager's supervisor reviews and signs off on each client's case record, including intake, assessment, care plan, and case notes, no later than 10 business days after the completion date of the initial in-home care plan.
- Initial Service Follow-Up – The case manager must either make a home visit, or a phone call, to the client the business day following the day the service was scheduled to verify that the home care or HDML has begun.
- Service Follow-Up Assessment – Within 15 business days of the service beginning, the case manager must contact the client to assess the adequacy and appropriateness of, and client satisfaction with, the service.
- Case Notes – All client intakes, assessments, contacts, case notes, and client wait lists are recorded in DFTA's Senior Tracking, Analysis & Reporting System (STARS) within 3 days of the event to which they pertain.

Of a total of 15 case management providers, we selected a judgmental sample of three providers with the most contracts and the largest dollar values: The Jewish Association Serving the Aging (JASA), Selfhelp Community Services, Inc., and Catholic Charities Neighborhood Services, Inc. We selected a random sample of 53 clients of the 18,893 clients who received services from these providers during the period from January 1, 2019 through April 4, 2022. We reviewed client intake forms, assessment forms, case notes, and other case management documentation from STARS to determine compliance with the Standards. For 18 of the 53 sampled clients (34%), we found instances of non-compliance with the Standards. In total, we identified 39 instances of non-compliance (a client can have more than one instance in each category), as detailed in Table 1. Non-compliance with Standards can create the risk that services may be delayed and deficiencies may not be addressed in a timely manner.

Table 1 – Compliance With Case Management Standards

DFTA Standard	Instances of Non-Compliance With DFTA Standard	Average Number of Days Exceeding DFTA Standard	Most Number of Days Exceeding DFTA Standard
Initial Client Assessment	3	13	34
Supervisory Review	9	3	8
Initial Service Follow-Up	13	2	4
Service Follow-Up Assessment	7	6	19
Case Notes	7	2	4

Note: During the COVID-19 pandemic, certain case management requirements were either suspended or altered; the reported instances reflect any applicable change.

Client Wait Lists

Clients are placed on wait lists for case management when services are unavailable. Wait lists for other DFTA-funded services (i.e., personal care, housekeeping, and HDML) are similarly used if the provider is at capacity and cannot accept additional clients. The Standards require that the client with the highest priority on the wait list for a specific service is referred first when that service becomes available. Clients on the wait list are prioritized using the wait list prioritization form in STARS. This form uses weighted indicators to measure and assess the physical and mental ability of the client based on information obtained during the intake interview. Factors considered include: instrumental activities of daily living (i.e., shopping, use of transportation, housekeeping, and cooking), activities of daily living (i.e., bathing, mobility, and personal hygiene), client health, and client support. Total weighted scores are then calculated for the purpose of prioritizing the wait list. The total weighted scores can range from 0 to 62; the higher the score, the more significant the client's needs.

We reviewed DFTA's client wait lists as of August 4, 2022 to determine the length of time that clients spent on the wait lists in relation to the urgency of their needs, as indicated by their weighted scores. We found that 3,334 clients were on the wait list for various service types: 1,954 were waiting for case management (although still required a client assessment), 404 were waiting for case management (already received an assessment), 382 were waiting for HDML, 367 were waiting for personal care services, and 227 were waiting for housekeeping services.

We determined the average days spent on the wait list, by weighted score range, before removal and found that clients with relatively high weighted scores spent significant time on the wait lists (see Table 2).

Table 2 – Average Number of Days on Wait List

Weighted Score Range	Average Days on Wait List	Number of Clients
0-4 (least significant needs)	90	545
5-9	120	1,125
10-14	110	1,103
15-19	113	407
20-24	91	120
25-29	91	22
30-34	142	11
35-39	0	0
40-44 (most significant needs)	92	1
Total	–	3,334

We found some clients have had to withstand lengthy wait times for DFTA services. In one case, a 96-year-old client with a mobility impairment and other serious medical conditions had been on the wait list for personal care services for 113 days. DFTA officials took exception to this example, asserting that the wait time was overstated because the client received help from both a relative and a caregiver respite service in the interim. However, according to the Standards, interim services do not automatically remove clients from a wait list. Case managers are expected to follow the case management standards, which indicate when a client should be removed from the wait list, as when interim services are sufficient, for example. Thus, clients can remain on the wait list for DFTA services even when receiving interim services, such as help from relatives. DFTA officials advised us that case managers had been in contact with the client but had not removed the client from the wait list.

To determine whether clients were appropriately prioritized, we selected a judgmental sample of 54 clients with wait list end dates (indicating they have been removed from the wait list) out of a total population of 1,047 clients from the three sampled case management providers. DFTA provided two wait list data files, one that was run on July 26, 2022 and another that was updated on August 4, 2022. We selected the sample of clients from the July file as it was provided first. We reviewed the total weighted scores of those 54 clients and found that 35 clients were taken off the wait list before clients with higher total weighted scores. For example, a client with a total weighted score of 7 came off the wait list before a client with a total weighted score of 16, who was still waiting for case management services as of August 4, 2022. Standards require providers to prioritize the wait lists based on the needs of clients. However, when clients with lower scores, indicating lesser needs, are removed before those with more significant needs, the clients with more significant needs are waiting longer for certain DFTA services.

DFTA officials explained that, because they use wait lists for different services, they have different approaches for addressing the time clients remain on the wait

list. They also asserted that DFTA secured funding to increase the number of case managers in order to decrease the case management wait list. Further, DFTA officials explained that they amended certain in-home service requirements to facilitate services.

Recommendations

1. Ensure that case managers comply with all requirements of the Standards, including timely assessments, supervisory review, contacts, and documentation.
2. Review wait lists to assess whether clients are prioritized for service referral based on weighted scores.

DFTA Oversight

DFTA monitors provider performance to assess whether providers are following the Standards. However, we determined that DFTA's oversight of its providers was inadequate as it did not maximize the use of available case management data, and it did not include certain aspects of case management in its evaluations.

Evaluation Methodologies

To ensure that providers are operating in accordance with the Standards, DFTA performs an annual evaluation called PAS (Program Assessment System) for each provider. PAS is a set of questions related to compliance with time intervals from the Standards, performance of required steps during assessments, and completion of forms and supporting documentation. Once the evaluation is conducted, any deficiencies are documented in a written report, and the provider is then required to submit a Corrective Action Plan (CAP) to DFTA. Each provider is also annually evaluated in Passport, a citywide procurement portal. Passport contains more general questions, such as "If services are ongoing, is the vendor providing the service timely and in compliance with contract terms?" These evaluations review contractor compliance with contract requirements but are more generic than DFTA's PAS.

We reviewed DFTA's PAS testing methodology and found instances where DFTA could better use STARS data to evaluate providers during their PAS evaluations. For example, data fields in STARS could be analyzed to determine how quickly providers performed assessments across all clients. Instead, DFTA used a sample of five clients to review how providers performed assessments. DFTA also used a similar methodology for testing wait list compliance despite available STARS data. While some of the STARS data may exist in free-form note fields, which require additional analysis, DFTA could use existing fields to analyze provider performance across a significantly larger number of clients.

In addition, some questions did not align accurately to written DFTA Standards and changed from the PAS evaluations for fiscal year 2020 to fiscal year 2021 – such as

increasing the time allowed for contacting clients after initiating food service from 24 to 72 hours and the time for subsequent contacts from 15 to 18 days. We requested from DFTA any changes or suspensions of Standards due to the COVID-19 pandemic; however, the changes DFTA provided did not include these particular items. Moreover, PAS omits certain important aspects of case management. For example, DFTA's PAS evaluations do not test whether individuals on wait lists were appropriately prioritized.

STARS Reports

As case managers enter all case information assessments and notes, assessments directly entered into STARS contain a wealth of information related to case management. For example, there are data fields for case management milestones, case notes, and weight scores. Thus, DFTA has a unique ability to directly query this data to monitor and assess the performance of its providers. While STARS has certain reports to address issues such as wait lists and elder abuse complaints, the reports do not readily allow DFTA to identify the types of non-compliance with the Standards identified in this report. As a result, inadequate provider compliance may not be readily identified and addressed.

Recommendations

3. Ensure PAS evaluations use the appropriate case management criteria.
4. Utilize existing case management data in STARS to more effectively review case management provider compliance and performance.

Payments to Providers

Case management providers are paid based on reported expenses, for which providers submit invoices monthly for reimbursement. Prior to January 2021, providers submitted their invoices using DFTA's Contract Accounting Management System and were not required to submit documentation to support expenses claimed on the invoices. Providers are now required to submit the invoices through the HHS Accelerator and to provide support for PS expenses, such as payroll ledgers, health insurance, and workers' compensation information. However, DFTA does not require providers to submit support for OTPS expenses.

DFTA's Fiscal Management Manual (Fiscal Manual) states that its accountant reviews the invoices and supporting documentation for accuracy and sufficiency; these are later reviewed by an accountant supervisor. Issues such as mathematical errors or missing information will cause the invoice to be rejected or the expense amounts to be adjusted or disallowed. DFTA officials informed us that they only review fringe benefits expenses if the fringe amount is less than 6.7% or more than 50% of total salaries. It is unclear how DFTA determined these ranges. For expenses to be allowable, they must be necessary and attributed to the performance of the relevant contracts. Clothing and furniture for clients would not be allowable as it is

not relevant to performing case management services (such as assessing clients for services or ensuring clients receive services).

We judgmentally selected JASA – as it had the most case management contracts (five) – to determine if it was paid appropriately for expenses claimed. We reviewed JASA's December 2021 invoices, which claimed a total of \$493,179 in PS and OTPS expenses; the most recent invoices submitted at the time of our testing. We compared the claimed PS and OTPS expenses with JASA's general ledger, payroll ledger, and fringe benefits reports and found that \$10,480 should not have been allowed, as described in the following sections.

Personal Service Expenses

JASA submitted PS expenses totaling \$384,519 for the month of December 2021 for its five case management contracts. We found that in two instances, JASA used a higher fringe benefits rate to calculate its fringe benefit claims than what is listed in its supporting report. This resulted in an excess claim of \$2,432.

Other Than Personal Service Expenses

For December 2021, JASA submitted OTPS expenses totaling \$108,660 for its five case management contracts. We found that \$8,048 of these expenses should not have been reimbursed because they were unrelated to the program.

We judgmentally selected a sample of 30 OTPS expenditures, totaling \$19,174, based on the nature and types of expenses. We reviewed these expenses and found that 15 of the 30, totaling \$3,746, were unrelated to the program, as follows:

- \$1,314 for a blender, window blinds, microwave, mattress, recliner, and a jacket
- \$788 for a recliner, bedrail, and toilet seat
- \$590 for an air conditioner and a coat
- \$553 for a 40" TV and adult underwear
- \$501 for a computer

Based on the high-risk expense items determined from the first sample, we selected an additional judgmental sample of 95 OTPS expenses, totaling \$4,302, that JASA claimed during December 2021 for all five contracts. We found that all 95 expenses were unrelated to case management services, resulting in an excess claim. These expenses included small kitchen appliances, nutritional shakes, shower chairs, and clothing.

DFTA officials agreed with these audit findings and indicated they will review the identified expenses as well as past JASA invoices.

Recommendations

5. Review the \$10,480 in claimed expenses and recover as appropriate.
6. Educate providers on the correct fringe benefit rates and allowable expenses under the program.
7. Review required PS supporting documentation to ensure accurate calculations before paying providers, as per their Fiscal Manual.
8. Request and review supporting documentation for OTPS expenses to ensure that only program-related expenses are reimbursed.

Audit Scope, Objective, and Methodology

The purpose of our audit was to determine whether DFTA provided and paid case management services appropriately for eligible seniors. The audit covered the period from January 2019 through October 2022.

To accomplish our objective and assess the relevant internal controls related to DFTA's monitoring of case management services, we interviewed key personnel from DFTA and reviewed relevant laws, regulations, policies, and procedures. Further, we selected a judgmental sample of providers with some of the larger contracts by dollar amount to determine whether the providers complied with Standards for timeliness and wait list prioritization for services. We also determined whether they were reimbursed for expenses appropriately. A judgmental sample cannot be projected to the population. We selected a random sample of 53 clients out of 18,893 clients who received services between January 2019 and April 2022 and reviewed their case files and other information available to DFTA to determine provider compliance with DFTA case management requirements. Although this was a random sample, the results cannot be projected to the population as a whole. To assess whether providers were reimbursed appropriately, we reviewed DFTA's Fiscal Manual, provider invoice claims from HHS Accelerator, accounting records (i.e., general ledger), and supporting documentation (i.e., vendor invoices).

Statutory Requirements

Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article III of the General Municipal Law.

We conducted our performance audit in accordance with generally accepted government auditing standards. These 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 objective. We believe that the evidence obtained during our audit provides a reasonable basis for our findings and conclusions based on our audit objective.

Reporting Requirements

We provided a draft copy of this report to DFTA officials for their review and formal comment. Their comments were considered in preparing this final report and are attached in their entirety at the end of the report. DFTA officials disagreed with certain audit conclusions, but generally agreed with the audit recommendations and indicated that certain actions will be taken. Our responses to certain DTFA comments are embedded within DFTA's response as State Comptroller's Comments.

Within 180 days after the final release of this report, we request that the Commissioner of the New York City Department for the Aging report to the State Comptroller, advising what steps were taken to implement the recommendations contained in this report, and if the recommendations were not implemented, the reasons why.

Agency Comments and State Comptroller's Comments



Lorraine Cortes-Vazquez
Commissioner

2 Lafayette St.
New York, NY 10007

212.AGING NYC
212.244.6469

June 13, 2023

Thomas P. DiNapoli
State Comptroller
Office of the State Comptroller
Division of State Government Accountability
59 Maiden Lane - 21st Floor
New York, NY 10038

Dear Mr. Thomas DiNapoli:

We would like to thank your staff for the review of the Case Management Program. We read the report and agree with the recommendation but would like to clarify the findings, see below.

Key Findings:

- NYC Aging did not ensure that its contracted providers adhered to NYC Aging's Case Management Standards of Operations (standards); therefore, key milestones for delivering and monitoring needed services to vulnerable seniors were not always met.

- o **Response:** As per the preliminary report, a review of fifty-three clients was done and there were twenty-two clients of the sample with fifty instances of non-compliance with NYC Aging's standards concerning timeliness of services and follow up.
- o NYC Aging disagrees with this number after reviewing case notes and communications from NYSOFA, there were thirteen instances where case management exceeded time frames. Case note documentation were shared with the Audit Team proving compliance. It is our understanding that the Comptroller and NYC Aging disagree on the date when NYSOFA needed a resumption of standards (during the Pandemic) regarding timeliness of services and follow up resulting in ten additional instances where there is not alignment.

State Comptroller's Comment – In additional discussions, DFTA contended that the related pandemic suspensions ended in September 2022. However, these suspensions ended in June 2021 via Executive Order 210. Based on additional information received from DFTA and the effective date of Executive Order 210, we revised our report to reduce the number of instances of non-compliance to 39.



- Clients spent significant time on wait lists before they could receive critical services, such as case management and home care. When services became available, referral was not always prioritized such that those with the greatest needs received services first. For example, a 96-year-old client with a mobility impairment and other serious medical conditions was on the wait list for personal care services for 113 days. Additionally, a 101-year-old client with a serious medical condition and a risk of falling was on the wait list for personal care services for 158 days.
 - **Response:** NYC Aging disagrees that there were thirty-five instances of clients coming off the wait list before clients with a higher total weighted score.
 - NYC Aging found twenty-five instances where a review of case notes substantiated that the client was assigned properly. STARS data base presently does not capture if a client who is on the wait list, continues to be available for the service and/or requests a delay in service start date. As per Case Management Agency (CMA) standards, in addition to the wait list prioritization form, when CMA makes monitoring calls to clients, they review their status, including any changes in their need for the service. This may affect the CMA decision on who needs to come off the wait list first.

State Comptroller's Comment – We stand by our conclusions. Notwithstanding DFTA's expectation that case management providers periodically check in with wait-listed clients to ensure they still need the service, DFTA officials and case management providers indicated that the wait list is based on who needs services and their relative need. As DFTA acknowledged in its response, case management providers are expected to manage the list based on changes in their clients' status.

- The notes said that the 96-year-old client was placed on the wait list on April 4th, 2022, though given other options on April 7th, 2022, including Caregiver Services. By June 16th, 2022, the client had Caregiver respite. August 5th, 2022, the client declined NYC Aging Home Care as Caregiver respite and grandson was helping; the outcome was the needs of the client were being met.

State Comptroller's Comment – According to the Standards, interim services – such as help from a relative and/or caregiver respite services – do not automatically remove clients from a wait list. Case managers are expected to follow the Standards, which indicate when a client should be removed from the wait list, as when interim services are sufficient, for example. Thus, clients can remain on the wait list for DFTA services even when receiving interim services. DFTA officials advised us that case managers had been in contact with the client but had not removed the client from the wait list.

- The second client mentioned was a 101-year-old placed on waiting list on February 18th, 2022. It was noted on April 13th, 2022, that Home Care was planned for the next month, so the wait would have been 90 days, though April 19th, 2022. The client went back in the hospital May 9th, 2022, and the stay on the wait list ended as client moved to a nursing home. The report indicates a waiting time of 158 days which is inaccurate since the client was in the hospital and not available for care.



State Comptroller's Comment – We revised our report and removed this example.

- NYC AGING's oversight of its case management providers were inadequate as it did not maximize the use of available case management data, and it did not include certain aspects of case management in its evaluations.
 - **Response:** NYC Aging disagrees as the current STARS data base does not provide information about outreach to clients who cannot be contacted, client availability, and adequacy of current plans for client.

State Comptroller's Comment – DFTA's response does not accurately reflect our audit findings and recommendation. Our report found non-compliance where case managers did not contact clients timely. Our recommendation for DFTA is to analyze certain types of STARS data, such as whether case notes, phone calls, or visits have been made within the required time frames, as this information is already structured, formatted, and not embedded within case notes.

- Without this vital information, case note reviews are required to provide adequate oversight, this review happens routinely as part of the annual program assessment.

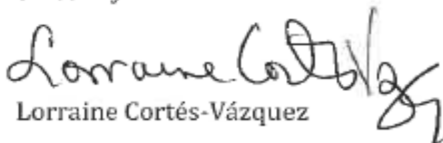
Key Recommendations:

The current STARS database does not have the functionality needed to enact some of the recommendations. Key items missing includes the date services offered, client either not available or requests a delay and the adequacy of current plans for clients. The only way to determine this is through case note reviews, which is part of the annual program assessment. NYC Aging is planning to replace the STARS system by City Fiscal Year 2025, this data may be captured in the new system.

State Comptroller's Comment – DFTA's response does not accurately reflect our audit findings and recommendation. Our report found non-compliance where case managers did not contact clients timely. Our recommendation for DFTA is to analyze certain types of STARS data, such as whether case notes, phone calls, or visits have been made within the required time frames, as this information is already structured, formatted, and not embedded within case notes.

We appreciate the cooperation and courtesies extended by your examiners during the audit to our staff.

Sincerely


Lorraine Cortés-Vázquez

Contributors to Report

Executive Team

Andrea C. Miller - *Executive Deputy Comptroller*

Tina Kim - *Deputy Comptroller*

Stephen C. Lynch - *Assistant Comptroller*

Audit Team

Kenrick Sifontes - *Audit Director*

David Schaeffer - *Audit Manager*

Keith Dickter - *Audit Supervisor*

Jasbinder Singh - *Examiner-in-Charge*

Heidi Carela - *Senior Examiner*

Katarzyna Hewallo - *Staff Examiner*

Kelly Traynor - *Senior Editor*

Contact Information

(518) 474-3271

StateGovernmentAccountability@osc.ny.gov

Office of the New York State Comptroller
Division of State Government Accountability
110 State Street, 11th Floor
Albany, NY 12236



Like us on Facebook at facebook.com/nyscomptroller

Follow us on Twitter @[nyscomptroller](https://twitter.com/nyscomptroller)

For more audits or information, please visit: www.osc.state.ny.us/audits/index.htm