

PERFORMANCE AUDIT

Pennsylvania Department of Military and Veterans Affairs

July 2016



Commonwealth of Pennsylvania
Department of the Auditor General

Eugene A. DePasquale • Auditor General

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EUGENE A. DEPASQUALE
AUDITOR GENERAL

July 6, 2016

The Honorable Tom Wolf
Governor
Commonwealth of Pennsylvania
Harrisburg, PA 17120

Dear Governor Wolf:

This report contains the results of the Department of the Auditor General's performance audit of the Pennsylvania Department of Military and Veterans Affairs' (DMVA) duties and responsibilities related to administering its Veterans' Centers. This audit covered the period July 1, 2014 through March 31, 2016, unless otherwise indicated. This audit was conducted under the authority of Section 402 of the Fiscal Code, 72 P.S. § 402, and in accordance with applicable generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our conclusions based on our audit objectives.

We performed this audit to determine whether DMVA ensures that Veterans' Centers administer admission waiting lists properly and in compliance with policy and procedures. We also determined whether DMVA ensures that complaints received on behalf of Veterans' Centers' residents are investigated and resolved in compliance with applicable laws, regulations, and policy.

Regarding the administration of admissions waiting lists, we found that a total of 14 applicants were not properly placed on admissions waiting lists in three of DMVA's six veterans' homes as of December 18, 2015. We also found that DMVA's outdated and inflexible waiting list policy has led to state veterans homes not administering waiting lists consistently. Further, we noted that eligible non-veterans were not being admitted into a state veterans' home even though there were available beds.

The Honorable Tom Wolf

July 6, 2016

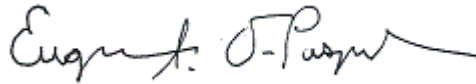
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Regarding the investigation and resolution of complaints/grievances received on behalf of Veterans' Centers' residents, we found that DMVA's new complaint and grievance policy is inadequate and many residents' grievances were not resolved in accordance with the new policy.

We offer 13 recommendations for DMVA to alleviate these deficiencies and improve these processes. DMVA has had an opportunity to review the findings and recommendations contained within, and we have included its response in the report.

I want to thank the DMVA's and Veterans Centers' management and staff for its cooperation and assistance during this audit. We will follow-up at the appropriate time to determine whether and to what extent our recommendations have been implemented.

Sincerely,

A handwritten signature in black ink, appearing to read "Eugene A. DePasquale". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Eugene A. DePasquale
Auditor General

**Department of Military and Veterans
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**Department of Military and
Veterans Affairs**

Executive Summary

The purpose of this report is to communicate the results of our performance audit of the Pennsylvania Department of Military and Veterans Affairs (DMVA). We wanted to determine whether DMVA ensures that Veterans' Centers administer admission waiting lists properly and in compliance with policy and procedures. We also wanted to determine whether DMVA ensures that complaints received on behalf of Veterans' Centers' residents are investigated and resolved in compliance with applicable laws, regulations, and policy.

***Finding
One***

We found that 14 applicants were not properly placed on admissions waiting lists in three of the six State Veterans' Homes (SVH) as of December 18, 2015. SVH management attributed these deficiencies to the following: typographical errors, entering incorrect dates, and a system error. Additionally, we found that DMVA does not adequately monitor the SVH's waiting lists. Our audit offers five recommendations to improve this process.

***Finding
Two***

We found that SVHs are not complying with DMVA's Waiting List Policy dated February 5, 2009, Policy Information Memorandum (PIM) #16. PIM #16 requires that offers for residency be made to the next applicant on the appropriate waiting list when a bed becomes available and, if the applicant is not able to accept the offer, the applicant is to be removed from the list. Our testing disclosed situations, such as delays in obtaining financial or medical information, where residents were not immediately admitted when they were on the top of the waiting list. In these situations those applicants remained at the top of the list, but the next person on the list was offered and accepted admittance. We believe that PIM #16 should be revised to allow for certain situations to be taken into account yet structured enough to prevent abuse. We also determined that five of the six SVHs did not document when offers for residency were made to applicants. Finally, our audit found that while one of the SVHs had approximately 70 or more open beds, 12 eligible non-veterans remained on a waiting list to use those beds. We offer two recommendations to correct these deficiencies.

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***Finding
Three***

We found that DMVA's new grievances policy (PIM #49) is inadequate and many residents' grievances were not resolved in accordance with the new policy. Based on our audit procedures, we found that: (1) the plan for tracking and monitoring grievances was inadequate; (2) PIM #49 does not provide a mechanism for recording and tracking complaints; (3) the training on PIM #49 was not performed timely and no training materials were provided by DMVA to the SVHs; (4) PIM #49 contains ambiguous language, which resulted in interpretation differences among SVHs; and (5) SVHs are not fully complying with PIM #49 grievance resolution procedures. Our audit provided six recommendations to improve the grievance policy and process.

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**Introduction
and
Background**

The Department of the Auditor General conducted this audit to evaluate the Department of Military and Veterans' Affairs'¹ (DMVA) duties and responsibilities related to administering its Veterans' Centers. We conducted our audit under the authority of Section 402 of the Fiscal Code² and in accordance with applicable *Government Auditing Standards*, issued by the Controller General of the United States³.

Our current audit had two objectives (see Appendix A- *Objectives, Scope, and Methodology* for more information). Our objectives were as follows:

- Determine whether DMVA ensures that complaints received on behalf of Veterans' Centers' residents are investigated and resolved in compliance with applicable laws, regulations, and policy.
- Determine whether DMVA ensures that Veterans' Centers administer admission waiting lists properly and in compliance with policy and procedures.

**Background Information for the
Department of Military and Veterans Affairs**

The DMVA administers a wide variety of services and benefit programs for veterans, their dependents, and their spouses throughout the Commonwealth of Pennsylvania. The Pennsylvania Military Code delegates management responsibility of veterans' facilities to the Adjutant General of the Department of Military Affairs.⁴ Created by the Pennsylvania General Assembly on April 11, 1973, the DMVA is one of Pennsylvania's largest employers, with more than 21,000 military and civilian personnel in 90 communities statewide.

¹ 51 Pa.C.S. § 701 *et seq.*

² 72 P.S. § 402.

³ *Government Auditing Standards*, December 2011 revision, issued by the Comptroller General of the United States Government Accountability Office, Washington D.C.

⁴ 51 Pa.C.S. § 902(10).

Department of Military and Veterans Affairs

The DMVA is headquartered in Fort Indiantown Gap, Lebanon County. Fort Indiantown Gap features more than 17,000 acres and 140 training areas and facilities for year-round training for military forces, law enforcement agents, and civilians from across the nation and is one of the busiest National Guard Training Centers in the country.⁵

The DMVA has a dual mission:

*To provide quality service to the Commonwealth's veterans and their families, and to oversee and support the members of the Pennsylvania National Guard.*⁶

With respect to Pennsylvania's veterans, the DMVA fulfills its mission by providing resources and assistance to Pennsylvania's one million veterans and their families and by providing quality care for aging and disabled veterans.

DMVA's Six Veterans' Centers (Homes)

Pennsylvania offers its veterans residential care at six extended care facilities throughout the commonwealth. The level of care includes personal care, skilled nursing care, domiciliary care, and dementia care to veterans who served in the Armed Forces of the United States or in the Pennsylvania Military forces and who were released from service under honorable conditions. The six State Veterans' Homes (SVH) are accredited by the federal Veterans' Administration and annually licensed by the Commonwealth's Department of Health for skilled nursing care and the Commonwealth's Department of Human Services for personal care.

As of December 31, 2015, the DMVA operated the following six SVHs:

⁵ <http://www.dmva.pa.gov/Pages/Mission.aspx>, accessed February 10, 2016.

⁶ Ibid.

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DMVA State Veterans' Homes	Location	Maximum Residency
Delaware Valley Veterans' Home	Philadelphia	171
Gino J. Merli Veterans' Center	Scranton	196
Hollidaysburg Veterans' Home	Hollidaysburg	506
Pennsylvania Soldiers' and Sailors' Home	Erie	207
Southeastern Veterans' Center	Spring City	238 ^{a)}
Southwestern Veterans' Center	Pittsburgh	236
Total		1,554^{a)}

^{a)} Subsequent to December 31, 2015, the Southeastern Veterans' Center opened an additional 54 beds. Therefore, its maximum residency is 292 and the total for all locations is now 1,608.

Applicants to the six SVHs must be an eligible veteran,⁷ spouse, or surviving spouse of an eligible veteran who is a current resident of Pennsylvania or was a resident upon entry into the Armed Forces. Applicants complete and submit applications to DMVA at Fort Indiantown Gap. Officials at DMVA review the application to ensure, among other things, that the applicant is a resident of Pennsylvania, was a member of the Armed Forces, and was honorably discharged. DMVA officials also conduct a background check on the applicants. An applicant convicted of a felony is ineligible for admission unless the applicant has demonstrated good character and behavior and has no convictions for crimes or offenses for at least five years.⁸ Once approved, the application is forwarded to the applicant's SVH or SVHs of choice. Each SVH has an admissions' committee that determines if the home can meet the applicant's needs and also determines what level of care the applicant requires due to their medical condition. If the application is approved, the applicant is placed on the facility's waiting list based on the date the application was originally approved by DMVA.

Federal and state regulations⁹ require SVHs to have procedures in place for residents to voice complaints/grievances. Homes must also have processes in place to ensure grievances are addressed and resolved timely. DMVA issued Policy Information Memorandum (PIM) #49, *Resident Grievance Process*, on September 28, 2015,

⁷ Eligible veteran is defined as an individual who has served in the Armed Forces of the United States or the Pennsylvania Military Forces and was discharged under honorable conditions.

⁸ 43 Pa. Code §7.3(b)(6)

⁹ Code of Federal Regulations, Title 42, § 483.10(f); Pa. Code, Chapter 11, §11.20(a); 55 Pa. Code, Chapter 2600, §2600.41

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to implement a standard grievance resolution process among the six homes and to ensure grievances are resolved in a timely manner and in conformity with federal and state regulations. Prior to September 28, 2015, each SVH had their own policies and procedures to address resident grievances. DMVA's PIM #49 established, among other things, responsibilities for DMVA and SVH staff; timeframes to complete the resolution of the grievance; logging and tracking procedures, and spreadsheets for monitoring grievances.

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Finding**1****A total of 14 applicants were not properly placed on admissions waiting lists in three of six state veterans' homes as of December 18, 2015.**

To apply for residency at one of the six State Veterans' Homes (SVH), a veteran or non-veteran spouse (or his/her representative) has to complete an application and submit the application along with required supporting documentation to Pennsylvania's Department of Military and Veterans Affairs (DMVA). The DMVA evaluates the application based on certain eligibility requirements such as state residency, veteran status, and criminal background clearance. If the DMVA approves an application, it is date stamped by DMVA with a "completion date." The application along with the supporting documentation is then sent electronically from DMVA to the SVH(s) where the applicant would like to reside.

Once the SVH receives the application, the SVH's admissions director creates an applicant record in a system called Matrix Marketing, which is used to maintain the waiting lists and information about the applicant. The admissions director prints out the application and supporting documentation and creates a hard copy file for the admissions committee. The SVH's admissions committee reviews the application to determine, among other things, the level of care the applicant needs and if the SVH can provide that care. The SVH committee will accept or decline the application based on its assessment. If accepted, the admissions committee members will sign a document indicating that they agree that the applicant is eligible for residency.

The admissions director enters the names of approved applicants into Matrix Marketing to add the applicant to the appropriate waiting list based on their status (veteran, non-veteran spouse) and required level of care (dementia, skilled nursing, personal care). Potential residents are placed on the waiting list in date order based on the "completion date" determined by the DMVA.

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Waiting list testing results

We reviewed all of the six SVH's Matrix Marketing-generated waiting lists as of the close of business December 18, 2015, to determine if the waiting list dates matched the completion dates that DMVA stamped on the applications and if the waiting lists were arranged in date-stamp order.

Our testing revealed that the waiting list dates did not always match the completion date stamped by the DMVA on the applicant's approved application. The table below summarizes the number of applicants affected, the extent of the date differences, and the actual number of applicants that were out of the correct waiting list order:

December 18, 2015 Waiting Lists Testing Results

SVH	Number of Applicants on Waiting Lists	Number of Applicants with Incorrect Dates	Range of Days Different Between Completion Date and Waiting list Date	Number of Applicants out of Waiting List Order
Delaware Valley	72	7	5-14	2
Gino Merli	42	2	1	0
Hollidaysburg	12	2	1	0
Soldiers and Sailors	42	2	18-30	0
Southeastern	99	3	1-37	1
Southwestern	29	12	1-38	11
Totals	254	28	-	14

As shown in the above table, of the 254 applicants on the waiting lists, 28 (11 percent) had incorrect dates listed on the waiting lists, and of those 28, 14 (50 percent) were not correctly placed on the waiting lists at 3 of the 6 SVHs. Of the 14, 11 should have had higher¹⁰ spots on their respective waiting lists and 3 should have been at a lower¹¹ spot on their respective waiting lists.

¹⁰ A higher spot on the waiting list would mean that the applicant would be admitted earlier, since the waiting lists are ordered chronologically with the applicants submitting applications the earliest appearing at the top.

¹¹ A lower spot on the waiting list would mean that the applicant would be admitted later, since the waiting lists are ordered chronologically with the applicants submitting applications the earliest appearing at the top.

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According to the SVHs' admissions directors, the waiting lists having incorrect "completion dates" were attributable to the following:

- Admissions personnel accidentally entering the wrong date into Matrix Marketing (typos).
- Admissions personnel entering the date the SVH received the approved application from the DMVA instead of the "completion date" that was stamped on the application.
- The Matrix Marketing system auto-filled the "completion date" with the date the applicant's information was entered into Matrix Marketing or the date when applicant updates were made to the applicant's record in Matrix Marketing and the admissions personnel not changing the date back to the "completion date."¹²

Additionally, SHVs' admissions directors expressed different levels of comfort with the Matrix Marketing system. They indicated that Matrix Marketing system training was not tailored to users at SVHs, but was generalized. As a result, some admissions directors are using it minimally while others are putting it to greater use. The DMVA acknowledged that the documentation provided by the training vendor was not user friendly, and that they could not be sure how many admissions directors had taken advantage of the available on-line tutorials. Unfamiliarity with Matrix Marketing can also lead to errors in maintaining the waiting lists, including the items bulleted above.

The SVHs must have procedures in place for ensuring that the information entered into the Matrix Marketing system is accurate and continues to remain accurate (i.e., not be changed by a system "auto-fill" date field). Additionally, as discussed in the next section, the DMVA must adequately monitor waiting lists to ensure people are being properly admitted as residents.

¹² For example, an application has a "completion date" of January 11th. The admissions director receives the application and enters the information into Matrix Marketing to put the applicant on the waiting list on January 18th. The date in Matrix Marketing is auto-filled to January 18 unless the admissions director changes the date to January 11. If the date is not changed, then the wait list date will be incorrect.

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Having incorrect waiting list dates may cause applicants waiting for residency placement to be offered admission out of proper order, perhaps putting health and safety at risk or causing undue financial hardship for the applicants who may have been placed lower on the waiting list than they should have been.

Once we alerted the respective SVHs of the waiting list date errors, the SVH's indicated that they corrected the dates in Matrix Marketing, which would have corrected the out of order errors on the respective lists at that time.

DMVA's inadequate monitoring of SVHs' waiting lists

As part of overseeing SVHs, the DMVA needs to routinely monitor activities of SVHs to ensure that SVHs are operating efficiently, effectively, and in compliance with the DMVA's policies, such as the proper usage of waiting lists.

According to DMVA management, the DMVA monitors waiting lists through the Matrix Marketing system. Specifically, management periodically reviews the number of individuals on each SVH's waiting lists. Management however, does not verify whether applicants have been placed in the proper order because the system does not provide them with information to easily compare waiting list dates to the completion dates that the DMVA stamps on approved applications. Additionally, management acknowledges that if an SVH switched an applicant's order on a waiting list, the DMVA would not necessarily notice. The DMVA's monitoring would therefore be unlikely to detect inadvertent movement on the waiting lists due to auto-filling, typographical errors, or deliberate movement. This could lead to applicants being offered residency out of turn and not in compliance with policy. The DMVA needs to ensure that SVH's waiting lists are in the proper order and that all individuals are properly placed on the lists, in addition to performing a cursory review to notice how long the waiting lists are at each SVH.

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We recommend that DMVA:

1. Require SVHs to have procedures to review the information entered into the Matrix Marketing system to ensure accuracy and to document its review to ensure that the applicants are properly placed on the respective waiting lists.
2. If possible, remove the “auto-fill” date field function within the Matrix Marketing system so that waiting list dates are not automatically changed from the DMVA stamped completion date when an applicant’s file is updated.
3. If the “auto-fill” date field function cannot be removed, design a process for SVHs or DMVA to periodically review the waiting list dates for continuous accuracy.
4. Provide comprehensive Matrix Marketing training specific to SVHs’ admissions directors and related personnel to include a user manual tailored for SVH admission staff to utilize as a reference and training.
5. Monitor the SVHs’ Matrix Marketing waiting lists to include ensuring the SVHs have properly placed applicants on the respective waiting lists and the lists are complete and document this monitoring.

**Department of Military and Veterans
Affairs****Finding****2****The Department of Military and Veterans Affairs' outdated and inflexible waiting list policy has led to state veterans' homes not administering waiting lists consistently.**

The Department of Military and Veterans Affairs (DMVA) established Policy Information Memorandum (PIM) #16, Waiting List Policy, dated February 5, 2009. PIM #16 requires that offers for residency be made to the next applicant on the appropriate waiting list when a bed becomes available. According to the PIM, the applicant must physically appear at the State Veterans' Home (SVH) to take residency within five business days. If extenuating circumstances exist that prohibit the applicant from appearing however, an additional five business days can be granted by the commandant of the SVH, with the agreement of DMVA's Director of State Veteran's Homes. Further, if the applicant declines admission or does not appear at the SVH, his/her application is to be closed. The applicant can reapply to DMVA if he or she wishes to reside at a SVH in the future.

SVHs not complying with PIM #16

In addition to performing audit procedures to determine whether applicants were properly placed on waiting lists (see Finding 1), we also attempted to determine whether applicants were admitted into each of the six SVHs in compliance with PIM #16 during the period September 1, 2015 to December 18, 2015.

The following table shows the six SVHs, their residence capacity, the number of applicants admitted into a veterans' home during that period, and a range of days from shortest to longest that an applicant was on a waiting list prior to being admitted:

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**State Veterans Homes Admissions Statistics
For the period September 1, 2015 – December 18, 2015**

SVH	Maximum Residency	Number of Admissions from 9/1/15 to 12/18/15 ¹³	Veterans Admitted	Range of Days on Waiting Lists for Veterans	Non-Veterans ¹⁴ Admitted	Range of Days on Waiting Lists for Non-Veterans ¹⁵
Delaware Valley	171	14	13	63 - 216	1	1466
Gino Merli	196	29	26	18 – 161	3	160 – 673
Hollidaysburg	506	33	31	7 – 189	2	60 – 159
Soldiers and Sailors	207	16	15	1 – 147	1	24
Southeastern	238 ^{a)}	15	13	150 – 180	2	188 – 223
Southwestern	236	28	21	19 – 443	7	19 - 150
TOTALS	1,554^{a)}	135	119		16	

^{a)} Subsequent to December 31, 2015, the Southeastern Veterans' Center opened an additional 54 beds. Therefore, its maximum residency is 292 and the total for all locations is now 1,608.

To perform our testing, because the DMVA could not reproduce the waiting lists during the period September 1, 2015 through December 18, 2015, we utilized the “completion dates” stamped on the application to represent the waiting list dates and compared them to when the applicants were actually admitted. Our testing of the admissions disclosed that residents at the six homes were not always admitted in completion date order because of situations with the applicants, such as the following:

- Applicants who did not accept the offer of a bed because they were being treated for a medical condition that made it impossible for them to accept a bed at that time.
- Applicants were not ready to accept a bed at that time (e.g. applicants were unsure if they wanted to come to the SVH or they may have wanted to spend one last holiday at home with their family).

¹³ The admissions did not include residents that transferred into a home from another SVH or residents that were re-admitted to the SVH after a hospital stay.

¹⁴ Non-veterans can only be spouses of veterans.

¹⁵ For Delaware Valley and Soldiers and Sailors, there was only one non-veteran admitted; as a result, we are not identifying a range for these two SVHs in this column.

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- There were delays in obtaining financial or medical information.

In these situations, although the applicants could not or did not accept the bed within the established five or ten business days, the SVHs acknowledged that they did not take these applicants off the waiting lists as required by PIM #16. Instead, each SVH used some judgment to decide how long an applicant should stay on the waiting list depending on the SVH's situation.

For example, Delaware Valley and Southeastern SVHs have the highest number of applicants on their waiting lists (see Finding 1); so for these SVHs, management only let applicants remain on the waiting lists if the applicant could provide a reasonable timeframe as to when they could accept SVH residency. If the resident could not provide a reasonable date, then they would remove the applicant from the list. The individual would have to reapply to get back onto the end of the waiting list. At other SVHs however, where there are fewer individuals on the waiting lists, management allows applicants to stay at the top of the waiting lists until they accept a bed, or until the applicants (or their representatives) ask to be removed. Although this judgment by the SVHs appears reasonable, it is not consistent among SVHs and therefore, applicants are not all being treated the same. It is important for DMVA's policy to drive decisions rather than SVHs making them to ensure consistency and avoid possible abuse.

In response to our inquiry regarding SVHs non-compliance with PIM #16, DMVA management indicated that they recognize and agree that PIM #16 should be modified and updated to be more flexible to allow for individual situations to be taken into account yet structured enough to prevent abuse. We agree and press upon DMVA to revise PIM #16 as soon as possible so that the SVHs can consistently apply the policy.

Five of the six SVHs did not document when offers for residency were made to applicants

As part of testing for compliance with PIM #16 regarding whether applicants took residency within five or ten business days (with an

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approved extension), we inquired with each SVH as to the documentation kept when an applicant was offered residency. Five of the six SVHs indicated that when beds become available admissions staff telephones the next applicant (or his/her representative) on the waiting list to verbally offer him/her the bed, but they do not document when the call was made and what was said. The sixth home (Southeastern), indicated that its admissions staff calls the next applicant and also sends a letter documenting the offer, a copy of which is kept in the applicant file. As a result, we could only test if applicants took residency within the period required by PIM for Southeastern only.

We reviewed the 15 admissions for Southeastern and found that 14 were admitted within five business days of the offer and one was admitted six business days after the offer. For the one that was admitted six business days after the offer, we found no evidence that the extension beyond five business days was granted by the commandant and approved by DMVA's Director of State Veteran's Home, as required by PIM #16.

Our review of PIM #16 revealed that it does not require SVH staff to document the date a bed is offered to an applicant. This offer date must be documented and maintained in order for DMVA or an external party to verify that the SVH is complying with PIM #16 regarding the offer or the extension approval.

**Not admitting eligible non-veterans when there are
available beds**

During our audit we noted that at Hollidaysburg SVH, where there are usually 70 or more open beds, 12 otherwise eligible non-veterans were on a waiting list as of December 18, 2015. We asked DMVA why there was a waiting list of non-veterans when there are open beds at the facility. DMVA explained that when Federal Veterans Affairs' (VA) money is used to construct or renovate an SVH, only 25% of the occupied beds at the SVH can

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be filled by a non-veteran.¹⁶ According to DMVA management, DMVA limits the percentage of non-veterans in residence to 12% to safely avoid exceeding the VA's 25% limit.

As of March 31, 2016, Hollidaysburg, which can house 506 residents, had 401 veterans and 14 non-veterans in residence. Using DMVA's 12% rule based on 415 (401+14) residents, Hollidaysburg can admit up to 49 non-veterans, when they only had admitted 14. As a result, Hollidaysburg could have admitted the 12 non-veterans on their waiting list and not exceeded the 12% rule. After we brought this to DMVA's attention, we were informed that Hollidaysburg admitted three more non-veterans. Failure to admit non-veterans when there are a sufficient number of beds available is not providing needed service for veterans and their families and may place an additional health/safety risk and/or financial burden on these families.

As indicated in Finding 1, DMVA must monitor waiting lists more closely than it currently does. This would include monitoring non-veterans' waiting lists when SVHs have available beds.

We recommend that DMVA:

1. As soon as possible, revise and update PIM #16 to include at a minimum:
 - a. Provide SVH staff the flexibility to be responsive to the realities encountered by applicants and their families, and afford Veterans and their spouses who are temporarily unable or unwilling to accept an offered bed within the five or ten business days, to remain on the waiting list.
 - b. Require offer dates to be documented and maintained by SVHs.
 - c. Require DMVA to monitor compliance with its policy.

¹⁶ Veterans Home Affairs HANDBOOK 1601SH.01 3. BACKGROUND The percent of the facility residents eligible for VA nursing home care must be at least 75 percent Veterans except that the Veteran percentage need only be more than 50 percent if the facility was constructed or renovated solely with non-VA funds.

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2. Monitor to ensure that SVHs admit non-veterans to the SVHs where there are available beds and non-veteran spouses on the SVH's waiting list and the percentage of non-veterans does not exceed the Federal VA's 25% limit.

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Finding**3****The Department of Military and Veterans' Affairs' new grievance policy is inadequate and many residents' grievances were not resolved in accordance with the new policy.**

Prior to September 28, 2015, the Department of Military and Veterans Affairs (DMVA) did not have a standardized resident grievance policy. Each State Veterans' Home (SVH) developed and implemented its own grievance procedures. DMVA did not centrally monitor or track the grievances. Recognizing that there was a need to standardize the grievance process at all SVHs to enable centralized tracking of trends and issues across the system, on September 28, 2015 DMVA issued Policy Information Memorandum (PIM) #49, entitled *Resident Grievance Process*. PIM #49 assigns responsibilities to the SVH staff for administering the grievance process and establishes procedures for initiating, investigating, and resolving grievances within required timeframes as well as communicating the results to the concerned party. Although our audit period began July 1, 2014, we decided to make our results more useful to DMVA and focused our efforts on the time period subsequent to the effective date of PIM #49 (September 28, 2015).

Based on our review of PIM #49 and discussions with DMVA and SVH management, we found the following:

- The plan for tracking and monitoring grievances was inadequate.
- PIM #49 does not contain a mechanism for recording and tracking complaints.
- The training on PIM #49 was not performed timely and no training materials were provided by DMVA.
- PIM #49 contains ambiguous language, which resulted in interpretation differences among SVHs.

Based on our testing of grievances, we found that SVHs were not fully complying with PIM #49.

The remainder of this finding describes each of the above areas in more detail.

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Plan for tracking and monitoring grievances was inadequate

According to management, when PIM #49 was developed and issued in September 2015, DMVA intended the SVHs to use fillable PDF forms to capture grievance information and to use an Excel spreadsheet designed by DMVA to log pertinent grievance information. Periodically, each SVH grievance coordinator was to submit the spreadsheet to the DMVA Quality Assurance Director, who would use that information to perform trend analyses.

Soon afterwards, however, DMVA's Chief of Operations, responsible for operations in all six SVHs, determined that a database was needed to record and track all grievances at each SVH. The database would allow DMVA to monitor grievances to ensure that SVHs were resolving complaints appropriately within the required timeframes. It would also allow DMVA officials to analyze grievances to identify trends both at the SVHs and statewide. We agree that a database would more efficiently allow DMVA to track and monitor grievances and should have been developed and ready for implementation at the time PIM #49 was issued.

After the PIM was issued, a database was piloted at Gino Merli Veterans Home from December 2015 until the beginning of March 2016. At the end of March, or approximately six months after PIM #49 was issued, DMVA rolled out the database to all SVHs.

PIM #49 does not provide a mechanism for recording and tracking complaints

PIM #49 defines a complaint and grievance differently:

Complaint: An oral or written expression of displeasure or dissatisfaction with service received that can be immediately resolved by the staff present.

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Grievance: An oral or written complaint that is not immediately resolved at the time of the complaint by staff present. A grievance may be submitted by the resident, resident's responsible party or other concerned person regarding issues including, but not limited to: the residents' care; abuse or neglect; treatment; violation of resident rights; management of funds; misappropriation of personal property or any alleged wrong or violation of rule, policy or procedure.

Based on these definitions, a grievance may start as a complaint; however, PIM #49 does not provide any mechanism for recording complaints, but rather provides a grievance form and process by which an SVH is to investigate and resolve a grievance. Because a complaint can be in writing, however, it is important for DMVA to have a mechanism (form) in place for recording and tracking complaints. As complaints can become grievances if not resolved timely, there should be a process in place for changing a complaint to a grievance.

According to management, DMVA did not intend to track complaints. Despite DMVA's intent, it is important that complaints and grievances are recorded and tracked. Without recording and tracking complaints, DMVA cannot monitor the number and descriptions of complaints received to identify any trends at an SVH.

After DMVA piloted the database at Gino Merli Veterans Home between December 2015 and the beginning of March 2016, it was decided to begin to track complaints within the tracking system in order to identify trends. According to DMVA, when the database rolled out at the end of March 2016, it included the capability to track complaints. Reports provided to us by DMVA show that the grievance database gives users the capability to mark entries as either a "complaint" or a "grievance" so that both can be tracked.

We have not assessed the database tracking system because it was not operating during the execution of this audit.

It will be important for DMVA to test and continuously monitor the database, however, as noted in the next two sections, untimely training and the ambiguous language in PIM #49 can result in inconsistent procedures being used by different SVHs.

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Training on PIM #49 was not timely and no training materials were provided by DMVA

PIM #49 indicates that each SVH's Commandant is responsible for reviewing the PIM with management staff annually to ensure compliance and each SVH's Registered Nurse Instructor (RNI) is responsible to train all staff on the grievance process in general orientation and annually thereafter.

We found that DMVA did not establish a deadline date to complete the required training. Although management employees at the veterans' homes received training on the PIM, five of the six homes had not provided training to all staff as of January 2016, more than three months after the PIM was issued. DMVA officials indicated that they did not establish a deadline for completing the training because they expected that the SVHs would have conducted the training immediately after the PIM was released. DMVA was unaware that the SVHs had not provided training to all employees. Some of the SVHs incorporated the PIM #49 training into their annual training, which was not scheduled until between February and July 2016.

We found that DMVA did not provide the SVHs any training materials in order to train SVHs staff on PIM #49. According to the DMVA, training materials were not provided because the PIM is so specific that training materials were not needed. We are concerned that a lack of standardized training at the SVHs may lead to varied interpretations of definitions and policy among the SVHs and between DMVA and the SVHs especially with some of the ambiguous policy language discussed below.

PIM #49 contains ambiguous language, which resulted in interpretation differences among SVHs

Based on interviews with management staff at the six SVHs, we found that there were different interpretations for ambiguous language in PIM #49. The following are examples of these differences:

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The definition of the word “immediately” with respect to the definition of a complaint and a grievance.

As previously noted, a complaint that is not “immediately” resolved at the time of the complaint by the staff present becomes a grievance. PIM #49 does not define what “immediately” means. As a result, we found that the SVHs interpret “immediately” differently: four SVHs considered “immediately” to be within 24 hours; one SVH considered “immediately” to mean within 48 hours; and one SVH considered “immediately” to mean within 24 hours with certain exceptions¹⁷. As a result, the same issue classified as a complaint at one SVH could be classified as a grievance at another SVH, just based on how it defines the word “immediately.”

The interpretation of an “unresolved” grievance.

PIM #49 states that the commandant is responsible for notifying the Bureau Director and QA/RM Director regarding any outstanding or unresolved grievances.

According to the SVHs an “unresolved” grievance is a grievance that is still open and not currently resolved. However, according to DMVA, an “unresolved” grievance is a grievance that cannot be resolved by the SVH staff. This difference can lead to a misunderstanding of which grievances are being escalated to the next level for resolution and which are just informational, which in turn could lead to bottlenecks affecting timely resolutions should volume increase significantly.

Understanding when a grievance is resolved.

PIM #49 indicates that the commandant determines when a grievance is resolved, but provides a grievant with a right to appeal. Despite this language, according to DMVA, and the forms

¹⁷ As an example, in one incident that was not filed as a grievance, a resident complained that some items of clothing were missing on a Monday. The Grievance Coordinator explained that they suspected that the item was not missing, but was in the laundry. They would not know that the item until the laundry came back on Thursday, four days later. Under the PIM definition, that would be considered a grievance, because it could not be resolved immediately, but it was not filed as a grievance because the staff wanted to wait until the laundry came back to see if the items were actually missing.

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included with PIM #49, a grievance is not resolved until a grievant agrees with the proposed resolution.

DMVA needs to ensure that PIM #49 clearly explains/defines what is meant by certain words/phrases used. Uniform training materials and adequate training may have helped with interpretation differences.

According to DMVA, training was provided as part of the rolling out of the new database at the end of March 2016 and in April 2016 that included defining the differences between a complaint and grievance. We have not assessed the adequacy or effectiveness of this training during this audit because it occurred at the end of our field work.

SVHs are not fully complying with PIM #49 grievance resolution procedures

The table below shows the number of grievances reported by each SVH since the inception of PIM #49 and until we received the information from each SVH and compares it to the approximate population at each SVH:

SVH	Approximate SVH Population	Number of Grievances Reported	Date Range of Grievances Reported
Delaware Valley	171	1	9/28/15 – 2/4/2016
Gino Merli	196	54	9/28/15 – 1/31/2016
Hollidaysburg	430	14	9/28/15 – 1/20/2016
Soldiers and Sailors	207	2	9/28/15 – 1/25/2016
Southeastern	238	2	9/28/15 – 2/11/2016
Southwestern	236	13	9/28/15 – 2/05/2016

As shown in the table, the number of grievances at Gino Merli were much higher than at other SVHs. Gino Merli staff attributed the high number of grievances to an issue that arose when residents' belongings were removed from rooms in order for pest control services to be performed. These issues were subsequently resolved. At the other SVHs, the number of grievances appear to

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be low based on their populations. We asked if DMVA had monitored and questioned the low grievance numbers. DMVA responded that it did not and believes that a low number of grievances equates to better operations. We contend that while that might be true, the low number of grievances calls into question whether all grievances were being recorded.

To test for compliance, we selected 13 of the 86 grievances to determine whether they were processed and resolved in accordance with PIM #49. We ensured that we selected at least one grievance from each SVH, but otherwise selected the grievances haphazardly. It should be noted that we did not test the appropriateness of the resolutions. Of the 13 grievances tested, we found that four contained no policy exceptions. Of the remaining nine grievances we found the following policy exceptions:

- Three grievance resolutions were missing the commandant's signature for approval. For two of these grievances, the grievance coordinator indicated that he had not yet met with the commandant because meetings with the commandant are only scheduled monthly. No explanation was provided for the missing third signature.
- Two grievances had no documentation indicating that the grievant was contacted within two business days of filing the grievance to obtain an update on the grievance; and one grievance indicated that the grievant was contacted in 15 business days, which is 13 business days beyond the required period. According to the grievance coordinator, the grievant's nurses' station did not provide the grievance to the coordinator for 15 business days.
- Five grievances were not resolved within seven days (the resolutions were documented from two to twelve days after the seven days). According to SVH staff, these untimely resolutions were due to staff not being able to conduct the investigation, a grievant not accepting the resolution, or the grievant's nurses' station not providing the grievance to the coordinator timely. Note that in extenuating circumstances, PIM #49 allows resolution beyond seven days; however, those should be denoted. We did not see any documentation formally explaining extenuating circumstances as a reason for exceeding the seven-day limit for these five grievances

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Grievance Coordinators at each home indicated that ongoing grievances are discussed each day at the respective SVHs morning meetings and that although documentation may not have been completed within the required timeframes required by the PIM, the ongoing investigations and resolutions are being discussed daily.

DMVA needs to monitor to ensure that the SVHs are complying with PIM #49. This monitoring would not only review the information contained in the database, but should also review the documentation supporting the grievance or complaint to ensure approval signatures are present and the grievances were resolved timely.

Additionally, DMVA must ensure that all grievances and complaints are being reported and recorded. It is easy to monitor what is in the database; however, it is not as easy to ensure that everything that should be recorded into the database actually is entered. Ongoing communications and continuous training may be necessary with each SVH to encourage them to report all complaints and grievances.

We recommend that DMVA:

1. As part of developing a new policy, ensure that consideration be given to the following: (1) designing and implementing adequate methods for recording and monitoring the subject matter, (2) establishing timeframes for providing any necessary training, (3) developing materials for any necessary training, and (4) avoiding ambiguous language.
2. Continue to monitor and evaluate the implementation of PIM #49 to ensure complaints and grievances are consistently identified and reported at all SVHs.
3. Continuously monitor and evaluate the processing and resolution of complaints/grievances at each SVH to ensure compliance with PIM #49, including the review of supporting documentation in addition to a review of the database. If necessary, provide additional training.

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4. Evaluate whether additional training is necessary due to new issues or concerns that develop or whether refresher courses are needed.
5. Revise and reissue PIM #49 to include, but not be limited to, the following:
 - a. Defining terms clearly that are currently ambiguous.
 - b. Ensuring that all inconsistent language is corrected.
 - c. Adding/changing a form for recording and tracking complaints and adding a process for resolving complaints.
 - d. Including information related to the new database.
 - e. Identifying DMVA's monitoring responsibilities.
6. Test the reliability and accuracy of the complaint/grievance database on a recurring basis.

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Agency's Response and Auditors' Conclusions

We provided draft copies of our audit findings and related recommendations to DMVA for its review. On the pages that follow, we have included those responses in their entirety. Following the agency's response, our auditors' conclusions are set forth.

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Audit Response from DMVA**Agency's response to Finding One**

DMVA agrees with Finding 1 that the agency must provide greater oversight in managing waiting lists. In response to Recommendation 1, the BVH [Bureau of Veterans Homes] admissions staff is regularly monitoring the information entered into Matrix Marketing to ensure it is accurate and wait lists are properly managed. Long term, the agency will implement an automated system to better monitor and control the admissions process.

In response to Recommendations 2 and 3, the Matrix Marketing system cannot be easily modified. However, DMVA did determine the reason for the autofill errors. Admissions coordinators were adding records rather than editing the existing record. The correct procedure was communicated to the admissions coordinators. This should eliminate the auto-fill problem.

In response to Recommendation 4, DMVA did provide, through the vendor, Matrix Marketing user manuals. DMVA will re-issue the manuals to all admissions coordinators. DMVA will also evaluate the need for additional training and evaluate the cost compared to the benefits of additional vendor supplied training. DMVA will also require each of the admissions coordinators to view the online tutorials to better understand Matrix Marketing processes. The tutorials will be placed in the LSO system to track compliance. Training is expected to be completed by Fall 2016.

In response to Recommendation 5, DMVA will continue to monitor and document compliance with waiting list procedures.

Agency's response to Finding Two

DMVA agrees that the current admissions policy lacks flexibility. The process is in place to ensure a non-biased and fair procedure for admission into the homes. Additionally, the five-day rule is in place to ensure the beds do not remain vacant, reducing revenue. DMVA will review PIM #16 to determine the best manner in which to build flexibility into the process without creating opportunities for unfair practices or loss of revenue. Upon revision, DMVA will develop training for admissions staff and continue to monitor compliance.

Although DMVA agrees that additional non-veterans could be admitted without jeopardizing USDVA recognition, there are budgetary restraints that must be considered in any decision to allow more than 12% non-veterans into the home. DMVA does not receive USDVA reimbursement for non-veterans. DMVA currently budgets for no more than 12% non-veterans. By allowing more than 12% into the homes, the home's operating budgets may not be sufficient due to reduced revenue. DMVA will explore options for allowing more than 12% non-veterans into the home and make budgetary requests as necessary to relieve budgetary pressure.

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Agency's response to Finding Three

DMVA acknowledges that PIM #49 contains ambiguous language and did not provide an adequate monitoring methodology. DMVA introduced the database soon after PIM #49 was released due to realization of this inadequacy. Although it would have been preferable to have the database in place prior to implementation of the PIM, construction of the database would have delayed release of the policy. Additionally, we felt that the database had to be tested in one location to ensure that it worked properly. In the interim, DMVA instituted use of a spread sheet to ensure that grievance coordinators were properly tracking and managing grievances. The database has since replaced the spreadsheet in all six homes.

DMVA agrees that training for the implementation of the PIM was inadequate and did not reach all staff. DMVA is reviewing how PIMs are released and will implement a standard methodology that includes formal training. DMVA will maximize the use of LSO for training so that training is standardized and allows for better tracking. In addition, DMVA will establish timelines for completion of training and implementation of the policy.

DMVA will continue to monitor and evaluate implementation of the PIM through review of the database, discussions with grievance coordinators, commandants, and through annual facility performance assessments. As a result of this monitoring DMVA will identify opportunities for improvement and assess need for additional training.

DMVA is updating PIM #49 to clear up ambiguity and inconsistent language. The revised PIM will replace tracking documents with the database which was upgraded to include complaints in March 2016. DMVA will continue to monitor the use of the database and upgrade as needed in response to feedback from the field.

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Auditors' Conclusions to DMVA's Response

The DMVA agrees with our conclusions and has indicated that many of our recommendations have already been implemented or are in the process of being implemented. We commend the DMVA for proactively addressing our findings and recommendations. We want, however, to clarify one item with regard to DMVA's response to Finding 2.

With respect to the admittance of non-veterans, DMVA indicates that there are budgetary restraints because it does not receive USDVA reimbursement. As a result, "DMVA currently budgets for no more than 12% non-veterans." As noted in the finding, however, DMVA could have admitted all 12 non-veterans on the waiting list at Hollidaysburg and still not exceeded its 12% rule. Further, when we brought the lack of non-veteran admissions to DMVA's attention, Hollidaysburg only admitted 3 of the 12 non-veterans. We continue to encourage DMVA to admit non-veterans if beds are available and budgets allow.

**Department of Military and Veterans
Affairs****Appendix A****Objectives, Scope, and Methodology**

The Department of the Auditor General conducted this performance audit in order to assess whether the Department of Military and Veterans Affairs (DMVA) ensures that Veterans' Center resident complaints are investigated and resolved and that Veterans' Centers are administering waiting lists properly.

We conducted this audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

Objectives

Our audit objectives were as follows:

1. Determine whether DMVA ensures that Veterans' Centers administer waiting lists properly and in compliance with policy and procedures.
2. Determine whether DMVA ensures that complaints received on behalf of Veterans' Centers' residents are investigated and resolved in compliance with applicable laws, regulations, and policy.

Scope

Our audit period was July 1, 2014, through March 31, 2016, unless otherwise indicated.

DMVA and Veteran Centers' management are responsible for establishing and maintaining effective internal controls to provide reasonable assurance that they are in compliance with applicable laws, regulations, contracts, grant agreements, and administrative policies and procedures.

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In conducting our audit, we obtained an understanding of DMVA's and the Veterans' Centers' internal controls, including any information system controls, if applicable, that we considered to be significant within the context of our audit objectives. For those internal controls that we determined to be significant within the context of our audit objectives, we also assessed the effectiveness of the design and implementation of those controls as discussed in the *Methodology* section that follows. Any deficiencies in internal controls that were identified during the conduct of our audit and determined to be significant within the context of our audit objective are included in this report.

Methodology

To address the audit objective related to administering waiting lists, we performed the following procedures:

- Reviewed legislation¹⁸ regarding admission requirements as well as DMVA policy statements for implementation of waiting lists¹⁹.
- Evaluated PIM #16 to determine if it is adequate.
- Interviewed management and staff at both the DMVA and at each SVH, including the DMVA Director, Bureau of Veterans Homes, Chief Operations Officer and Admissions Marketing Coordinator, and each SVHs' Commandants and Admissions Directors, to establish our understanding of DMVA's and each facilities' implementation of the Department's admission requirements.
- Performed walk-throughs of the wait list and admission process at each SVH.
- Reviewed the admissions records of all 135 residents admitted into the six DMVA facilities between September 1, 2015, and December 18, 2015, to determine whether those residents were admitted according to DMVA policy.

¹⁸ 43 Pa. Code Chapter 7. State Veterans Home

¹⁹ DMVA Policy Information Memorandum Number 16, Waiting List Policy, issue date February 5, 2009.

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- Obtained the December 18, 2015, waiting lists from each home and determined that the date on the waiting list agreed to the date the individual's application was approved by DMVA officials for each of the 254 individuals on the various waiting lists.
- Assessed the extent to which DMVA management monitors waiting lists at each SVH.
- Reviewed the Veterans Home Affairs Handbook 1601 SH.01 3 and obtained an understanding as to how DMVA admits non-veterans.

To address the audit objective related to resolving grievances, we performed the following procedures:

- Reviewed legislation²⁰ regarding complaint and grievance requirements as well as the DMVA policy statement for the resident grievance process.²¹
- Evaluated the new Resident Grievance Policy (PIM # 49) to determine if it is adequate.
- Interviewed management and staff at both DMVA and each SVH, including DMVA's Director, Bureau of Veterans Homes, Chief Operations Officer, and Social Work Coordinator as well as each SVH's Commandants, Grievance Coordinators, Registered Nurse Instructors, and Social Services Coordinators to establish our understanding of DMVA's and each SVH's implementation of the Department's resident grievance requirements and related training.
- Performed walk-throughs of the grievance process at each SVH.
- Obtained the list of grievances from each home from September 28, 2015, to up to February 11, 2016, and selected 13 of the 86 grievances to determine the grievances were processed according to policy including ensuring the SVH was to adhering to the required timeframes for investigating and resolving the grievances.

²⁰ 42 CFR 483.10, 6 Pa. Code §11.20, 55 Pa. Code §2600.41

²¹ DMVA Policy Information Memorandum Number 49, Resident Grievance Process, issue date September 28, 2015.

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Appendix B

Audit Distribution List

Upon its release, this report was distributed to the following Commonwealth officials:

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The Honorable Randy Albright
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Ms. Barbara Raymond
Commandant, PA Soldiers' & Sailors'
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Mr. Rohan Blackwood
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The Honorable Randy Vulakovich
Senate Majority Chair, Veterans Affairs
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The Honorable Jay Costa
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