

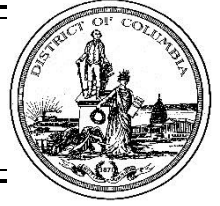
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**OFFICE OF ANITA BONDS**  
AT-LARGE COUNCILMEMBER  
CHAIR, COMMITTEE ON HOUSING & NEIGHBORHOOD REVITALIZATION

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February 6, 2017

Laura Newland  
Executive Director, Office on Aging  
500 K Street NE  
Washington, DC 20002

Dear Director Newland:

The annual performance hearing for the District of Columbia Office on Aging (DCOA) is scheduled for **February 16, 2017, beginning at 10:00 AM in Room 412**. Please plan to arrive in time to listen to the entirety of the public testimony presented with respect to your agency.

Please review the attached list of questions and return your answers by **February 6, 2017**. Please provide **six hard copies** of your responses, as well as an electronic version in Microsoft Word.

If you feel that I could use additional information outside the scope of the attached questions, please feel free to include an additional written statement. If your office requires clarification of any of the attached questions, please contact Nishant Keerikatte at (202) 724-8025 or [nkeerikatte@dccouncil.us](mailto:nkeerikatte@dccouncil.us). Thank you in advance for your timely and comprehensive response.

Sincerely,

Anita Bonds  
At-Large Councilmember  
Chairperson, Committee on Housing and Community Development

## QUESTIONS FOR PERFORMANCE OVERSIGHT HEARING

### I. Agency Operations and Personnel

1. Please provide a complete, up-to-date organizational chart for each division within the D.C. Office on Aging (“DCOA”) including, either attached or separately, an explanation of the roles and responsibilities for each division and subdivision.

See Attachment Q1 – DCOA’s Organizational Chart.

- i. Please include a list of the employees (name and title) for each subdivision and the number of vacant positions;

See Attachment Q1 – DCOA’s Organizational Chart.

- ii. Please provide a narrative explanation of any organizational changes made during the previous year;

Last fiscal year, a number of staffing changes occurred at DCOA, including resignations, internal promotions, and separations. The agency also made new hires to address increased work demands of the agency, especially related to additional contractual responsibilities with the Department of Healthcare Finance and increased reporting requirements.

See Attachment Q1ii – Staffing Changes Chart.

- iii. Please describe the major functions and responsibilities of each division and subdivision of the agency.

#### **Office of the Executive Director (OED)**

OED provides the vision, planning, and leadership for D.C. Office on Aging, as well as executive management, policy, legal, strategic and financial planning, community engagement, and resource management. OED also manages, leads, and directs all programs and services of DCOA. Additionally, OED controls and disseminates work assignments and coordinates agency operations to ensure the attainment of the agency’s mission statement and achievement of the goals and objectives of DCOA’s State Plan.

#### **General Services**

The General Services Team is responsible for building support services, risk management, human resource services, and overall administrative support for DCOA. The team also works to improve the efficiencies of basic services, while removing redundancies, to provide the most cost-effective management and maintenance resources.

### **Aging and Disability Resource Center (ADRC)**

ADRC provides a coordinated system of information and access for individuals seeking long-term services and supports. This is accomplished through the provision of unbiased, reliable information, counseling, and service access to older adults (60 years and older), people with disabilities (18 to 59 years old), and their caregivers. ADRC facilitates the acquisition of services individualized to the unique needs and desires expressed by each person. ADRC subdivisions include: Information and Referral/Assistance, community social work, and Medicaid enrollment.

#### ***Information and Referral/Assistance Unit***

The Information and Referral/Assistance Unit is the entry point for seniors, people with disabilities, and caregivers, who contact the D.C. Office on Aging. The unit provides information on programs and services available in the District and makes referrals based on an individual's self-reported needs or assessment.

#### ***Medicaid Enrollment Unit***

The Medicaid Enrollment Unit provides assistance to individuals interested in enrolling in the Elderly and Persons with Physical Disabilities Waiver (EPD), which is provided through Medicaid. The EPD Waiver is a combination of home- and community-based, long-term care services designed to help older adults and individuals with disabilities stay in their home, as an alternative to institutionalized care. This unit provides streamlined access to the EPD Waiver program by providing assistance with application coordination, submission, and linkage to EPD Waiver case management.

#### ***Community Social Work Program***

The Community Social Work Program is comprised of social workers and case managers who provide transition assistance of people with disabilities and older adults from institutional long term care settings back to the community (including the Money Follows the Person demonstration and the nursing home transition program) and community social work to keep people in the community as long as they are able and desire to do so.

### **External Affairs and Communications (EAC)**

EAC is charged with providing thorough, current, and accurate information about the events and activities of the D.C. Office on Aging to residents and visitors of the District of Columbia. Additional responsibilities include: developing and articulating the vision for the agency to key administration stakeholders and the community; developing, championing, and implementing a comprehensive integrated strategic communications plan geared for both external and internal constituencies; and ensuring that the overall communications program creates a consistent message that helps strengthen D.C. Office on Aging's position with all of its key constituents. This includes developing, directing, coordinating, and administering policies relating to all of the agency's internal and external communications.

The unit manages all press inquiries and oversees the informational content provided on the agency's website and social media sites.

**Budget and Finance Team**

The Budget and Finance Team develops, maintains, and monitors a fiscal plan to achieve the agency goals, while conforming to the policies and procedures established by the District and the federal government. Fiscal responsibility and transparency are achieved through the review of procurement transactions, expenditures, and projections.

**Program and Grants Team**

The Program and Grants team oversees the programmatic and fiscal efficiency of senior services. This includes the effective planning, developing, coordinating, and implementation of programs and services to ensure a continuum of services are available for District seniors, people with disabilities, and caregivers. This team monitors DCOA's Senior Service Network, which is made up of 20 community-based non-profit and private organizations that operate more than 30 programs providing direct services to the District's older adult residents. These services are critical and support a broad range of legal, nutrition, social, and health services—including adult daycare caregiver support services.

**Policy, Planning and Evaluation**

Policy, Planning and Evaluation (PPE) is responsible for the development of policies and procedures that support the agency and its programs, and for managing the evaluation and analysis of agency operations. PPE also oversees the development and implementation of internal and external reports, strategic plans, and initiatives related to DCOA. PPE monitors and tracks agency performance to ensure the agency meets quality improvement, quality assurance, and other goals.

**2. Please provide a complete, up-to-date position listing, in Excel spreadsheet format, for the agency, by program and activity, which includes the following information:**

**i. Title of position;**

See Attachment 2 – Schedule A.

**ii. Name of employee or status of position;**

See Attachment 2 – Schedule A.

**iii. Date employee began in position;**

See Attachment 2 – Schedule A.

**iv. Salary and fringe, including the specific grade, series, and step of position; and**

See Attachment 2 – Schedule A.

**v. Job status (continuing/term/temporary/contract).**

See Attachment 2 – Schedule A.

**3. Please explain when and by whom was the most recent staff evaluation conducted?**

The last performance evaluation was conducted at the end of FY16, per DCHR’s annual requirement. Each manager conducts performance evaluations for his/her team. The executive team reviews performance evaluations before they are finalized to ensure consistency throughout the agency.

**4. Please explain how these employee evaluations are utilized by DCOA?**

These evaluations are used by managers to evaluate how the unit as a whole is functioning. Managers consistently coach, mentor and provide development opportunities for their team members.

**5. Please provide the number of FY17 full-time equivalents (FTEs) for the agency, broken down by program and activity.**

See Attachment Q5 – FY17 FTEs.

**i. Please provide the number of vacancies at the close of FY16, by program and activity, and current vacancy information.**

See Attachment Q5i – FY16 and FY17 Vacancies.

**ii. For each vacant position, please note how long the position has been vacant and whether or not the position has since been filled.**

See Attachment Q5i – FY16 and FY17 Vacancies.

**iii. How many vacancies within the agency were posted during FY16 and FY17 to date? How many were filled during FY16 and FY17 to date?**

During FY16 and FY17 to date a total of 34 vacancies have been posted and 33 have been filled. Several vacancies were tied to backfilling positions left vacant as a result of retirements, resignations, and internal promotions. Additionally, a significant number of the positions were recently added within the Aging and Disability Resource Center as a result of increased contractual obligations with the Department of Healthcare Finance.

- 6. Please provide the salary for the top 15 earners in the administrative staff and the top 15 earners in the managerial staff. Managerial staff members are those who direct or supervise another employee or a significant component of a project.**

**Administrative Staff:**

Tanya Reid, Executive Assistant, \$74,711.00  
Mary Thomson, Staff Assistant, \$67,814.00  
Mamie Garrett, Staff Assistant, \$57,741.00  
Antonette Dozier, Clerical Assistant Receptionist, \$47,205.00

**Managerial Staff:**

Laura Newland, Executive Director, \$149,350.00  
Garret King, Chief of Staff, \$128,750.00  
Michael Kirkwood, General Counsel, \$128,400.00  
Olamide Ogbara, Resource Allocation Officer, \$122,245.04  
Aurora Delespin-Jones, Program Manager, \$118,450.00  
Sara Clark Tribe, Assoc. Director ADRC, \$113,300.00  
Brian Footer, Director of Policy, Program and Evaluation, \$113,300.00  
Karen Dorbin, Director of Communications, \$100,000  
Jerry Kasunic, Deputy Associate Director ADRC, \$90,259.00  
Felicia Cowser, Supervisory Social Worker, \$89,057.00  
Christian Tamasco, Supervisory Social Worker, \$89,057.00  
Dominique Vinson, I&R/A Supervisor, \$86,660.00  
Lourdine Jean-Francois, Medicaid Enrollment Specialist Supervisor, \$86,660.00

- 7. Please provide the average salary for administrative and managerial staff.**

The average salary for the four (4) DCOA administrative staff is \$61,867.75, and the average salary for the thirteen (13) DCOA managerial staff is \$108,883.70.

- 8. Please provide a list of the top 25 overtime earners.**

No DCOA staff worked overtime.

- 9. What is the total number and percentage of employees that are District residents within the agency? Please describe the methods used by the agency to increase the hiring of District residents.**

DCOA has 35 employees, or 52 percent, who are District residents. The agency is in compliance with D.C. Law 17-108 the Jobs for D.C. Residents Amendment Act of 2007. This Act requires D.C. agencies, including DCOA, to place greater weight on District residency when making hiring decisions. In accordance with the Act, DCOA grants preference to bona fide D.C. residents when making decisions pertaining to initial appointments and promotions.

Each applicant who applies for a vacant position with DCOA may claim a ten point residency preference. A District resident applicant is not required to claim the preference; however, if the applicant claims the preference and is selected for the position, the employee must maintain their bona fide District residency for a period of seven consecutive years from the date of their appointment or promotion. Failure to maintain bona fide District residency for seven consecutive years will result in the forfeiture of the position.

Each applicant who claims the residency preference is required to establish their bona fide residency by submitting eight forms of proof.

**10. Please list all employees detailed to or from the agency, if any. Please provide the reason for the detail, the date of detail, and the projected date of return.**

Nathaniel Allen, Staff Assistant, Department of Corrections (DOC) employee detailed to DCOA through the Office of Risk Management's (ORM) Return to Work Program. Mr. Allen started on May 19, 2016 and is assigned to DCOA until May 2018.

**11. Please provide the Committee with:**

- i. A list of all employees who receive cell phones, personal digital assistants, iPads, or similar communications devices at agency expense;**

See Attachment Q11i – Information Technology Equipment Inventory.

- ii. A list of all vehicles owned, leased, or otherwise used by the agency and to whom the vehicle is assigned;**

See Attachment Q11ii – FY16 and FY17 Vehicles List.

- iii. A list of employee bonuses or special award pay in FY16 and FY17 to date;**

From FY16 to date, DCOA has not awarded any bonuses or special award pay.

- iv. A list of travel expenses, arranged by employee; and**

See Attachment Q11iv – FY16 and FY17 Travel Expenses.

- v. A list of the total overtime and workman's compensation payments paid in FY16 and FY17 to date.**

From FY16 to date, DCOA has spent a total of \$24,065.08 in workers' compensation \$0.00 in overtime payments. DCOA is working with the Office of Risk Management on investigating all workers' compensations claims.

**12. Please describe the agency's performance measurement activities, including:**

**a. A list of performance measures used by the agency;**

See Attachment Q12a – DCOA's FY16 Performance Accountability Report (PAR).

**b. The procedures used to review and act on results;**

DCOA uses performance data from the Aging and Disability Resource Center (ADRC) as well as performance and financial data from the Senior Service Network (SSN) to monitor progress of activities. ADRC managers review data with staff of each unit to identify trends and issues. SSN submits monthly and quarterly reports to DCOA Program Monitors. See Attachment Q12b – DCOA's Grants Manual Chapter V for details and procedures for submitting and reviewing monthly and quarterly reports.

**c. All staff and resources dedicated to performance measurement;**

**Policy, Planning, and Evaluation**

Brian Footer, Director

Aweke Wudineh, Quality Assurance Specialist

**General Services**

Yolanda Lyles, IT Specialist

**ADRC**

Sara Tribe Clark, Associate Director

Jerry Kasunic, Deputy Associate Director

Christian Tamasco, Supervisory Social Worker

Dominique Vinson, Information and Referral/Assistance Supervisor

Lourdine Jean-Francois, Medicaid Enrollment Supervisor

Ramona Butler, Transition Care Specialist

**Programs and Grants Staff**

Aurora Delespin-Jones, Program Manager

Kay-Anne Spence, Program Coordinator

Maxine Crowder, Program Analyst

Lynn Khoo, Program Analyst

Jennifer Adu, Program Analyst

Jackie Geralnick, Public Health Nutritionist

Gargi Parikh, Public Health Nutritionist

Linda Irizarry, Special Project Coordinator

See response to Question 29 for details of resources dedicated to collecting data and monitoring program performance.



- d. The goals and actual results for those performance measures in FY16, and an explanation of any variance between goals and results.**

See Attachment Q12a – DCOA’s FY16 Performance Accountability Report (PAR).

## **II. Budget**

- 13. Please provide a chart showing the agency’s approved budget and actual spending, by program, for FY16 and FY17 to date. In addition, please describe any variance between fiscal year appropriations and actual expenditures for FY16 and FY17 to date.**

See Attachment Q13 – FY16 and FY17 Budget & Expenditure.

- 14. Please list any reprogrammings, in or out, which occurred in FY16 or FY17 to date. For each reprogramming, please list the total amount of the reprogramming, the original purposes for which the funds were dedicated, and the reprogrammed use of funds.**

See Attachment Q14 – FY16 and FY17 Reprogramming List.

- 15. Please provide a complete accounting for all intra-District transfers received by or transferred from the agency during FY16 or FY17 to date.**

See Attachment Q15 – FY16 and FY17 Intra-District Funds.

- 16. Please identify any special purpose revenue accounts maintained by, used by, or available for use by the agency during FY16 or FY17 to date. For each account, please list the following:**

- i. The revenue source name and code;**
- ii. The source of funding;**
- iii. A description of the program that generates the funds;**
- iv. The amount of funds generated by each source or program in FY16 and FY17 to date; and**
- v. Expenditures of funds, including the purpose of each expenditure, for FY16 and FY17 to date.**

DCOA does not have any special purpose revenue accounts.

- 17. Please provide a list of all projects for which the agency currently has capital funds available. Please include the following:**

- i. A description of each project;**
  - a. Washington Center for Aging Services Upgrade of HVAC system.
  - b. Senior Wellness Center Capital Improvements (in DGS budget).

**ii. The amount of capital funds available for each project;**

- a. \$557,929
- b. \$4,000,000

**iii. A status report on each project, including a timeframe for completion; and**

- a. In DGS solicitation for construction for HVAC Upgrade, completion by September 30th, 2017.
- b. In DGS design development phase, completion by September 30th, 2017.

**iv. Planned remaining spending on the project.**

See Attachment Q17iv – Capital Funds.

**18. Please describe the agency’s efforts to utilize federal funding sources, private market funding, or other alternative funding sources that would assist DCOA in keeping pace with the anticipated population growth of elderly residents in the District.**

DCOA is exploring a blended use of various funding to serve more seniors. DCOA is closely reviewing funding source requirements to ensure compliance and that funds are appropriately addressing needs of targeted populations. In FY16 and FY17, DCOA engaged the Senior Service Network (SSN) and its customers during a two-part town hall series. The structured conversations related to implementing service priority and cost-sharing models for identified services.

DCOA is concerned about District funding duplications and has worked to serve more seniors by eliminating duplication. All qualified DCOA Lead Agencies have applied to become Medicaid-approved providers of case management, which we anticipate will result in a cost savings of \$208,000 in FY17 because the Department of Health Care Finance (DHCF) and DCOA were both paying for the same case management services for a specific population. Two Adult Daycare providers in the Senior Service Network are also authorized Medicaid providers. Additionally, Seabury is in the application process to become a Medicaid-approved transportation contractor under MTM, which we anticipate will result in a cost savings of \$500,000 because DHCF pays for Medicaid-related transportation, even if the Medicaid beneficiary used Seabury transportation services for qualified medical trips. MTM-reimbursed services will free up some medical transport funding to improve wait times and serve more seniors. It will also create a new source of revenue for Seabury.

DCOA is looking at national models for funding and programmatic ideas and engaging in conversations with other jurisdictions to identify innovative nutrition programs that are less costly, improve nutritional quality, and increase access. Currently, efforts center on partnering with restaurants to combat social isolation, and with Capitol Area Food Bank to explore new ways to eliminate food deserts.

Finally, DCOA has been encouraging providers to seek new revenue sources by engaging in Business Acumen workshops, participating in more national discussions, and messaging the need to build partnerships with the medical communities. Providers have demonstrated creative thinking and made progress in seeking alternative funding to operate their programs. In FY16 three Senior Service Network partners secured private and federal grants to support their programs.

### **III. Contracting and Procurement**

**19. Please list, in Excel spreadsheet format, each contract, procurement, lease, and grant (“contract”) awarded, entered into, extended and option years exercised, by the agency during FY16 and FY17 to date. For each contract, please provide the following information, where applicable:**

- i. The name of the contracting party;**
- ii. The nature of the contract, including the end product or service;**
- iii. The dollar amount of the contract, including budgeted amount and amount spent;**
- iv. The term of the contract;**
- v. Whether the contract was competitively bid or not;**
- vi. The name of the agency’s contract monitor and the results of any monitoring activity; and**
- vii. Funding source.**

See Attachment Q19 – FY16 and FY17 Contracts and Grants.

**20. Please provide a list of all MOUs currently in place, all MOUs entered into within the last year, and any MOUs planned for the coming year.**

Please see answer to Question 15.

**21. Please describe the steps taken by the agency to provide oversight and management for contracts. Specifically, how does the agency ensure that its programmatic needs are being met and contracting actions are standardized across various programs?**

DCOA’s management procedures are standardized across programs through the Grants Manual and federal regulations. DCOA’s Program & Grants staff conduct oversight monitoring for all programs. In compliance with OMB 200, monitoring has become more detail oriented and documents have been standardized and streamlined for efficiency. DCOA has increased training opportunities for staff and Senior Service Network providers, and expanded opportunities for providers to engage in the development and decision-making process to ensure buy-in and program efficiency.

**22. What percentage of contracts and total contracting budget at DCOA was awarded to local, small, and disadvantaged business enterprises in FY16 and FY17 to date? What is DCOA doing, if anything, to improve this rate?**

	<b>FY16</b>	<b>FY17</b>
Total Contracts Awarded	\$ 8,999,916.17	\$ 6,561,356.73
Total Contracts to Local, Small, Dis. Enterprises	\$ 3,098,947.78	\$ 1,667,442.40
Percentage of contracts awarded	34%	25%

DCOA continues to collaborate with the Office of Contracting and Procurement to ensure that contracts are awarded fairly and that local, small and disadvantaged business enterprises are given priority pursuant to District policy.

**IV. Studies, Publications, Audits, Investigations, and Lawsuits**

**23. Provide a list of all studies, research papers and analyses the agency prepared or contracted for or plans to prepare or contract for during FY16 and FY17 to date. State the status and purpose of each study.**

**DCOA Needs Assessment and Feasibility Study**

In FY 2016, DCOA commissioned a needs assessment to help identify the evolving needs of older adults in the District and to discern how the District can best meet those needs. DCOA received funding from the Council within the Budget Support Act (BSA) to “award a grant, on a competitive basis, in an amount not to exceed \$100,000, to one or more nonprofit organizations to conduct a feasibility study, and outline a plan for developing virtual senior wellness centers in wards that do not have senior wellness centers...”

In adherence to the BSA language, the agency released a Request for Application (RFA) for a needs assessment and feasibility study that would include an analysis of current programs and, per the language in the RFA, would “outline a plan to develop a centralized system to coordinate and build on virtual senior wellness programs in Wards 2 and 3 using existing and future capital investments in schools, recreation centers, libraries and other facilities.”

DCOA received one response to the RFA, which was submitted by George Washington University’s Center for Aging Health and Humanities. The proposal noted that in order to study the feasibility of creating a virtual wellness center, it was crucial to understand what services and programs currently exist both in those wards and across the city to determine the gaps that the virtual senior center should fill. GWU proposed to conduct the feasibility study within a broader needs assessment, by identifying and analyzing existing DCOA and community partners programs and services to ensure DCOA would avoid duplication, while strategically increasing services to DC seniors. With the support of the Executive Office of the Mayor, DC Council, the Commission on Aging, the Senior Service Network and the community, DCOA proceeded with the expanded scope of the needs assessment as proposed by GWU.

The 2016 Needs Assessment was completed on September 30, 2016, and is a critical tool in establishing the baseline for identifying community-driven priorities. The data gathered from the community will assist in shaping DCOA's messages, evaluating current programs and services, and setting agency goals and objectives. DCOA is committed to using the findings to improve overall agency efficiency, expand opportunities for the community to be part of the decision making process, and identify high-value areas for expansion or innovation.

See Attachment Q23a – FY16 Needs Assessment.

### **District of Columbia State Plan on Aging**

In FY16, DCOA developed and submitted the District of Columbia State Plan on Aging (State Plan) to the U.S. Administration for Community Living (ACL). The State Plan serves as a blueprint for coordinating and delivering Older Americans Act services and supports over the next two years (October 1, 2016 to September 30, 2018). The State Plan establishes four (4) goals, twelve (12) objectives, and those strategies need to improve and expand quality health and social support services to older District residents (age 60 and older), people with disabilities (ages 18 to 59), and their caregivers. ACL approved the State Plan on October 3, 2016.

See Attachment Q23b – District of Columbia State Plan on Aging (FY 2017-2018).

### **FAMCare Gap Analysis**

In FY15 and FY16, DCOA contracted with FAMCare to replace the current CSTARs case management system. Through FAMCare, DCOA hoped to provide analytical capabilities, including dashboard functions, data analytics, and ad hoc report generation; improve the capability for billing and invoicing procedures; provide mobile access through portable devices; and integrate with District and Federal agencies.

After working with the Senior Service Network to identify technical issues with the design and function of the system, DCOA placed a hold on the full implementation. DCOA contracted with Limbic Systems, Inc. to perform an analysis of the FAMCare Case Management system. The final report stated that the majority of the 349 technical requirements DCOA outlined in the contract with FAMCare were unmet, so the continued development of the FAMCare system would require a substantial additional time and financial commitments. Limbic recommended that DCOA update its current CSTARs system to the most current version, which would improve and expand system functions.

### **ADRC Customer Service Satisfaction Survey**

In September of 2016, ADRC retained contractors to administer a customer satisfaction survey. The purpose of the survey is to gather input from customers about a wide range of issues that influence customer satisfaction and to determine the perceived gaps in existing services. The survey focused on five of ADRC's direct services: Information and Referral/Assistance (I&R/A), Community Social Work, Community Transition, EPD Waiver Program Enrollment, and Medicaid State Plan Adult Day Health Program Enrollment. The contractors conducted 168 telephone interviews. A report was produced that uses the

previous year's survey results as a baseline for comparison. The agency will use the report to identify areas for procedural improvement and opportunities for increased staff training.

See Attachment Q23c - ADRC Customer Satisfaction Report.

**24. Provide a list of all publications, brochures, and pamphlets prepared by or for the agency during FY16 and FY17 to date.**

**Paid Media\*:**

- *Beacon Newspaper*: Spotlight on Aging (Published Monthly)
- *Current Newspaper*: Spotlight on Community Living (Published Monthly)
- *The Informer*: Spotlight (Published Monthly)

**Press Releases/Media Advisories:**

- District Solutes Oldest Residents (Advisory)
- Mayor's Annual Senior Holiday Celebration (Advisory)
- Safe at Home Program for District Seniors (Press Release)

**Special Event Programs:**

- Holiday Celebration
- Senior Symposium
- Ms. Senior DC
- Centenarian Celebration
- Outreach Event Flyer (one per DCOA initiated event, modified to reflect event specifics)
- Senior Service Town Hall two-part series

**Program Information Fact Sheets and Flyers:**

- DCOA Fact Sheet (also published in Spanish, Amharic, Mandarin, French and Korean)
- ADRC Trifold
- Caregiver Respite Program Flyer
- Community Transition Program Flyer
- Safe at Home Flyer
- EPD Waiver Flyer
- LifeSpan Respite Flex Spending Fact Sheet
- Saturday Respite Flyer
- Citywide Money Management Program

**Publications:**

- Senior Village RFA (Published in DC Register)
- Needs Assessment RFA (Published in DC Register)
- Needs Assessment Feasibility Study
- State Plan Community Survey (also published in Spanish and Mandarin)
- DCOA State Plan on Aging 2016

\* Monthly publications reflect the same content in three separate newspapers.

**25. Provide a list of all policy statements issued during FY16 and FY17 to date.**

See Attachments Q25a through Q25d for copies of the following:

- a. Inclement Weather – Emergency Closure Policy – February 12, 2016
- b. Cessation of Gambling, Betting or Lotteries – March 11, 2016
- c. Compliance with the Local Hatch Act – March 16, 2016
- d. Campaigning at Senior Wellness Centers – April 13, 2016
- e. Clarification on Gambling, Betting or Lotteries – June 21, 2016
- f. Home-Delivered Meals Hold Policy Amendment – June 28, 2016
- g. Mandatory Reporting of Suspected Incidents of Abuse of Older Persons and Persons with Disabilities – September 23, 2016

**26. Please list and describe any ongoing or completed investigations, studies, audits, or reports on the agency or any employee of the agency, or any investigations, studies, audits, or reports on the agency or any employee of the agency that were completed during FY16 and FY17 to date.**

DCOA did not have any investigations, studies, audits, or reports in FY16.

**27. Describe any pending lawsuits involving the agency.**

*Ivy Brown, et al. vs. D.C.*, Class Action No. 1:10-CV-02250 (ESH).<sup>1</sup>

The case is class action lawsuit filed against the Department of Healthcare Finance, Department of Health, and the Office on Aging (the “District”) on behalf of current and former residents of local nursing home facilities. The complaint was filed in 2010, and the trial concluded in November 2016. The plaintiffs allege the District is in violation of Title II of the American with Disabilities Act and Section 504 of the Rehabilitation Act for unlawfully discriminating against plaintiffs by institutionalizing them in nursing facilities and isolating them from their communities, although community based services are available.

The District contends it is not liable to the plaintiffs because it administers Medicaid to individuals with physical disabilities in the most integrated and appropriate settings possible. Indeed, community-based services and supports are provided to people with disabilities. Transition services are provided to qualified nursing facility residents. And the District conducts meaningful outreach to individuals in nursing facilities regarding home and community-based services.

This matter is still pending in U.S. District Court for the District of Columbia. If the District is found liable, the District Court will hold another trial on what the remedy should be. The District Court is not expected to rule on liability until briefing is completed on March 10<sup>th</sup>.

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<sup>1</sup> Due to the death of the Ms. Thorpe, the initial lead plaintiff, Ivy Brown replaced her.

*Chantelle Teasdell, et al. vs. D.C., et al., Civil Action No. 15-445*

The case involves six former D.C. Office on Aging employees who filed a complaint against the District, the former DCOA Executive Director, and the former DCOA Chief of Staff. The plaintiffs originally raised ten claims; however, the District convinced the Court to dismiss six (6) of those claims. The surviving claims allege violations of the following laws and/or regulations: DC Whistleblower Protection Act; Age Discrimination in Employment Act; and the D.C. Human Rights Act.

The complaint was filed in November 2015 and is pending in U.S. District Court for the District of Columbia. The case is currently in the discovery stage.

**V. Information and Technology**

**28. Please describe how the agency is currently using its website and social media to help fulfill its mission, including any improvements it has made in FY16 and FY17 to date and plans it has to do so in the near future.**

The DCOA website ([www.dcoa.dc.gov](http://www.dcoa.dc.gov)) serves as a central resource portal where seniors, adults with disabilities, and caregivers can obtain information regarding services and supports offered by DCOA, the Senior Service Network, and other community-based organizations. DCOA is in the process of redesigning and simplifying the website to create more user-friendly navigation and include more robust DCOA-generated content on issues impacting seniors.

DCOA's social media currently includes Twitter (@dcagingnews), Facebook ([www.facebook.com/DCAgingNews](http://www.facebook.com/DCAgingNews)) and Instagram (@DCagingnews). The agency's social media outreach provides information on DCOA and DC government activities to keep followers up-to-date on the issues impacting seniors, and to promote programs and services available through the Senior Service Network and other community partners.

DCOA is revising its social media outreach strategy to increase DCOA-generated content to bring more awareness of legislative policy and advocacy topics in an effort to more effectively position DCOA as a central source of information on issues impacting its core audience.

**29. Please identify all electronic databases maintained by the agency, including the following:**

- i. A detailed description of the information tracked within each system;**
- ii. Identification of persons who have access to each system, and whether the public can be granted access to all or part of each system; and**
- iii. The age of the system and any discussion of substantial upgrades that have been made or are planned to the system.**



#### Quickbase

- i. Quickbase is used to track client name, address, and service utilization for home-delivered meals.
- ii. DCOA's Programs and Grants staff and grantees in the Senior Service Network have full access to the database. Public does not have access to system.
- iii. The Database was created and implemented in October 2007. No upgrades have been made or planned.

#### Customer Service Tracking and Reporting System (CSTARs) – Harmony

- i. CSTARs is used to track Notification of Grant Awards, service utilization, client demographics, and provider data.
- ii. DCOA's Programs and Grants staff and grantees in the Senior Service Network have full access to the database. Public does not have access to system.
- iii. The Database was created and implemented in October 2007. An upgrade is currently in progress.

## VI. Agency Programs and Policies

### 30. Please list each policy initiative of the agency during FY16 and FY17 to date. For each initiative please provide:

- i. A detailed description of the program;**
- ii. The name of the employee(s) responsible for the program;**
- iii. The total number of FTEs assigned to the program; and**
- iv. The amount of funding budgeted to the program.**

#### Alzheimer's Disease Initiative

- i. In October 2014, DCOA was awarded a competitive grant by the Administration for Community Living (ACL) to further develop a dementia-capable system of long-term services and supports (LTSS). Through the Initiative, DCOA implemented five pilot programs: Club Memory, Saturday Respite Program, City Wide Money Management Program, Behavior Symptom Management Training Program, and Dementia Navigator Program. As of September 30, 2016, DCOA has enrolled 342 district residents in either Money Management, Club Memory, or Saturday Respite. Additionally, DCOA has trained 488 professional and family caregivers.

In FY17, DCOA and the Administration for Community Living (ACL) launched a Dementia Navigator Program. The primary goals of the Dementia Navigator Program are to: (1) provide dementia education; (2) develop dementia specific Individualized Service Plans (ISPs) to conduct resource referral; (3) carry out group and one-on-one behavior symptom management training; and (4) provide ongoing case management to people caring for individuals with dementia.

- ii. Brittany Kitt, Federal Grant Project Lead, was responsible for this program in FY16.

- iii. There was one (1) FTE assigned to this program in FY16. There are no FTEs assigned in FY17 because the initiative is being managed by a grantee.
- iv. Funding for this program was \$421,783.14 for FY16. The total grant award for three (3) years is \$992,742 and ends at the end of FY17.

**Safe at Home Program**

- i. In FY16, DCOA and the Department of Housing and Community Development (DHCD) partnered to develop and implement a new home adaptation program called Safe at Home. The program promotes aging in place for older adults (60 years and older) and people with disabilities (18 to 59 years old) by providing up to \$10,000 in home accessibility adaptation to reduce the risk of falls and reduce barriers to mobility. Program participants work with an Occupational Therapist (OT) to identify potential fall risks and mobility barriers in their home and then work with a general contractor to begin installing modifications and equipment to address them.

In partnership with DHCD, Safe at Home will reopen phone lines to accept new clients in February 2017. Eligible clients that are identified as lower risk for falls through a series of evidence-based falls risk assessments will be enrolled in Safe at Home for assistance with prevention. Projects under the prevention pathway are up to \$4,500. Clients in need of more than preventative assistance will be referred to DHCD for services through the Single Family Residential Rehabilitation Program (SFRRP).

- ii. Kay-Anne Spence, Program Coordinator, is responsible for this program.
- iii. There is one (1) FTE assigned to this program for FY17.
- iv. Funding for this program was \$1,750,000 for FY16 and \$3,500,000 for FY17. Due to the overwhelming success of the program, the Mayor has committed an additional \$5.2 million for FY17, bringing the total funding for FY17 to \$8.7 million.

**31. Please describe any initiatives the agency implemented within FY16 and FY17 to date, to improve the internal operation of the agency; reduce waste, fraud, and abuse; or improve the interaction of the agency with outside parties. Please describe the results, or expected results, of each initiative.**

**Reduce waste, fraud, and abuse:**

**Eliminating Service Overlap**

DCOA worked with sister agencies to identify services that are currently paid for by DCOA and covered by Medicaid, resulting in duplicate payments. DCOA and the Department of Health Care Finance (DHCF) are working with grantees providing case management and transportation to become Medicaid approved providers. As a result, the projected cost savings to the District in case management is \$208,000 and in transportation is \$500,000. The affected grantees also have an additional source of revenue for service provision.

## **Improve the internal operation of the agency:**

### **Options Counseling Integration**

Options Counseling is a decision-support process to help people make informed choices in long-term care services and supports that reflect their own preferences, strengths and values. Key components of Options Counseling include a personal interview, assistance with identification of choices available, assistance with developing an individual plan, link to desired services, and follow up. In FY16, DCOA trained ADRC social workers, Information & Referral/Assistance staff, and other new staff to ADRC on Options Counseling. The intended impact is to equip staff with evidence-based tools and trainings that improve the agency's ability to provide comprehensive services and supports to clients.

### **Financial Reporting Improvements**

DCOA updated grantees' invoicing procedures to better align reimbursement with actual expenditures. The intended results are to improve financial reporting and increase efficiency.

### **Harmony System Update**

DCOA is updating the agency's case management system, known as CSTARS. The intended impact is to improve data quality and streamline systems across the agency and Senior Service Network. The expected launch date is March 2017.

### **ADRC Quality Assurance**

In FY16, ADRC implemented policies to improve customer experience monitoring. This included updated Standard Operating Procedures and standardized data collection for multiple programs. In September 2016, ADRC completed a customer satisfaction survey to assess perceived customer satisfaction and identify potential service gaps. The survey focused on five of ADRC's direct services: Information and Referral/Assistance (I&R/A), Community Social Work, Community Transition, EPD Waiver Program Enrollment, and Medicaid State Plan Adult Day Health Program Enrollment. The Contractors conducted 168 telephone interviews. A report was produced that uses the previous year's survey results as a baseline for comparison. Seventy-five percent of the participants "agreed" or "strongly agreed" that the ADRC staff was responsive to their request (73 percent in 2015). The report also identifies specific areas for procedural improvements and training opportunities to increase customer satisfaction.

## **Improve the interaction of the agency with outside parties:**

### **Transportation Collective**

In FY16, DCOA began working with other District Government transportation agencies to identify opportunities for greater collaboration and coordination around services for District older adults and people with disabilities. The Transportation Collective comprises staff from DCOA, District Department of Transportation (DDOT), Department of Health Care Finance (DHCF), Washington Metro Area Transit Authority (WMATA), Department of Parks and Recreations (DPR), Department of For-Hire Vehicles (DFHV), and Age-Friendly DC. Through the Transportation Collective, DCOA and DHCF were able to identify overlapping coverage for transportation services. As a result, DCOA's transportation provider is applying

to become a Medicaid-approved transportation contractor under MTM, which has a projected cost savings of \$500,000 in local District funds.

### **Medicaid-Funded Adult Day Health Enrollment**

Since the summer of 2015, ADRC has worked closely with DHCF to create an Adult Day Health Program (ADHP) enrollment process to enable eligible D.C. residents receiving State Plan Medicaid to enroll in a timely manner. DCOA and DHCF have worked together to conduct community trainings to ensure professionals, Medicaid beneficiaries, and other stakeholders understand the new process. DCOA and DHCF meet weekly to discuss process improvements and data collection, and DCOA attends monthly ADHP provider meetings to ensure effective communication with the ADHP providers. In FY16, ADRC enrolled 177 seniors, and has enrolled 49 since the start of FY17.

### **LGBT Cultural Competency Training**

In FY16, DCOA partnered with Whitman-Walker Health to promote LGBTQ cultural competency for service providers. As described by the Administration for Community Living (ACL), “Cultural competency is critical to reducing health disparities and improving access to health care that is respectful of, and responsive to, people’s diverse needs.”

Between June and September 2016, DCOA held seven LGBTQ cultural competency trainings that consisted of the following activities in a 4.5-hour class: define the dimensions of culture and the principles of culturally competent medical care; identify individual, structural, and institutional factors that affect access to and result in barriers to care among the LGBTQ population; describe ways in which a culturally competent approach can reduce or eliminate barriers to screening cancers and health care in the LGBTQ community; identify barriers that might interfere with applying principles of cultural competency to their own practice and develop solutions for addressing these barriers; and locate resources to facilitate ongoing education and skill-building in providing optimal care to LGBTQ clients. Over the seven classes, DCOA trained 181 members of the Senior Service Network.

### **Olmstead Community Integration Plan**

DCOA is a member of the Olmstead Working Group, which was created by the Mayor in 2015. As part of the working group, DCOA collaborates with other District agencies and community stakeholders to provide information on how the District fulfills its obligation to provide home and community based services in the most integrated setting possible for people with disabilities. Through the working group, the District has become more transparent about its commitment and work for and with people with disabilities and continues to provide regular reports and updates on its programming.

### **Elderly and Persons with Physical Disabilities (EPD) Waiver Enrollment**

DCOA continues to work in collaboration with other District Government agencies to improve customer service to District residents by streamlining the Elderly and Persons with Physical Disabilities (EPD) Waiver enrollment process and building understanding of the new enrollment process among clients, professionals, caregivers, and other stakeholders. Collaborative work includes: participating in weekly meetings with DHCF and the Department of Human Services’ Economic Security Administration (ESA) to discuss and

improve the enrollment process; coordinating monthly community trainings on the new enrollment process; and hiring and training additional Medicaid Enrollment Specialists, who provide in-person enrollment assistance to EPD Waiver applicants. The Medicaid Enrollment Specialists have fielded 1,736 referrals in FY16 and submitted more than 558 EPD Waiver applications to ESA. The District is now able to identify where every person is in the application process and track how long each part of the process takes.

### **No Wrong Door**

D.C. is the recipient of a U.S. Administration for Community Living planning grant, “Transforming State LTSS Access Programs and Functions into a No Wrong Door System for All Populations and All Payers.” The key D.C. agencies collaborating on this initiative include: DCOA, Department on Disability Services, Department of Health Care Finance, Department of Behavioral Health, Department of Human Services, and Office of Veterans Affairs. Several community organizations and other stakeholders are also engaged to develop a 3-year plan to transform current programs and processes into a single No Wrong Door (NWD) system for all populations and all payers. The goal of the initiative is to create an LTSS system within which people encounter person-centered systems and staff with core competencies that facilitate their connection to formal and informal LTSS, regardless of where they connect to the service system. The Department on Disability Services is the Lead Agency on this grant. The expected results of a No Wrong Door System are to increase the speed and accuracy in connecting customers with services, and to increase staff knowledge of formal and informal LTSS.

**32. Please explain the impact on the agency of any legislation passed at the federal level during FY16 and FY17 to date.**

No federal level legislation directly impacted DCOA.

**33. What District legislation has yet to be implemented by the agency, if any? If legislation has not yet been implemented, please explain why.**

DCOA does not have any outstanding legislative implementation issues.

**34. What has the agency done in FY16 and FY17 to date to make the activities of the agency more transparent to the public? In addition, please identify ways in which the activities of the agency and information retained by the agency could be made more transparent.**

The agency has engaged in numerous activities to become more transparent to the community. Prior to the start of FY16, all Senior Wellness Centers were required to hold budget meetings with participants to review the current programming and reach consensus on any program changes for the next fiscal year. The individual budget town halls were also conducted prior to the finalization of the FY17 budgets.

Every quarter, the executive director also holds town halls at each senior wellness center and other sites across the city in wards without a dedicated brick and mortar senior wellness

center. In September and October 2016, DCOA hosted a two-part Senior Services Town Hall series to discuss senior services in the District. The series was the first time DCOA structured the quarterly town halls towards receiving organized feedback on the entire network of senior services. Additionally, this was the first step towards increasing opportunities for the community to participate in the agency's decision-making process.

The Senior Service Town Hall series was comprised of two conversations in each ward. The first conversation provided information about DCOA's programs and budget, trends in the District, and other useful information needed for the community to start thinking about the entire system of services and supports. See Attachment Q34 for a copy of the presentation.

The second conversation was led by the community and presented to DCOA on the following: 1) suggestions for improvement of current services; 2) how to prioritize people needing services when services reach capacity; and 3) anything else the community thinks the agency needs to know about the services DCOA offers and how those services are received. DCOA plans to continue with this format on an annual basis. In the latest round of town halls, Director Newland presented on the FY16 Needs Assessment and gave seniors an opportunity to discuss and ask questions.

DCOA also reports on its operations on a regular basis. DCOA submits quarterly reports to the Council; the Aging and Disability Resource Center (ADRC) develops bi-weekly and quarterly reports to measure the successes of the Elderly and People with Physical Disabilities (EPD) Waiver and the Adult Day Health Programs (ADHP); and DCOA provides quarterly Olmstead reports.

**35. Please describe how the agency solicits feedback from customers.**

- i. What has the agency learned from this feedback?**
- ii. How has the agency changed its practices as a result of this feedback?**

In addition to commissioning a District-wide needs assessment in FY 2016, DCOA regularly solicits feedback through the following channels:

- Annual Surveys: Providers in DCOA's Senior Service Network assess customer satisfaction on an annual basis via survey evaluations, which are included in their annual reports to DCOA.
- Senior Wellness Centers: Senior Wellness Centers are required to hold open budget meetings to solicit feedback on program offerings from participants of the wellness center and make changes based on the feedback. This practice started prior to the finalization of senior wellness center budgets in FY16 and is required by all senior wellness center grantees before budgets are given final approval by DCOA.
- Quarterly Town Halls: The DCOA Executive Director conducts town halls at senior wellness centers and other community centers across the city on a quarterly basis to provide Agency updates, budget presentations, and an opportunity for the public to provide feedback.

- Phone/Email: The Information & Referral/Assistance phone number, “Ask the Director” email, and “Ask ADRC” email are widely circulated in print and online media, the agency website and social media accounts, and provided at all in-person outreach events.
- Social Media: DCOA’s social media accounts are regularly monitored for comments and tags.

**i. What has the agency learned from this feedback?**

The reoccurring theme from the community is that seniors want more opportunities to engage with DCOA and to provide meaningful input on program and budget decisions.

**ii. How has the agency changed its practices as a result of this feedback?**

The agency implemented a new requirement in FY15 for senior wellness centers to hold open budget town halls for each center, giving participants choices about programming at each wellness center, prior to finalizing senior wellness center budgets.

In September and October 2016, DCOA conducted a new version of town halls to receive organized feedback from the community on the entire network of senior services. The two-part series started with a presentation made by DCOA providing information about programs and budget, trends in the District, and other useful information needed for the community to start thinking about the entire system of services and supports.

The second conversation was led by the community and included three topics of discussion: 1) suggestions for improvement of current services; 2) how to prioritize people needing services when services reach capacity; and 3) anything else the community thinks the agency needs to know about the services DCOA offers and how those services are received.

DCOA is also working on two initiatives to improve the participation of seniors. First, DCOA is working with Lead Agencies to implement an annual needs survey and to establish bench marks that ensure statistical significance and includes people who do not receive services from Lead Agencies. Second, DCOA is implementing an ongoing customer satisfaction phone survey through its Information and Referral/Assistance Division. Research of technology capability and survey design are underway.

DCOA will continue to explore ways to solicit and incorporate feedback in agency practices.

**36. What are five goals that DCOA achieved in FY16?**

- **Restaurant Community Dining Pilot Program:** From June to August 2016, DCOA implemented a Restaurant Community Dining Pilot Program in wards 7 and 8, providing an alternative location and dining opportunity for seniors. Through a partnership with Denny’s, DCOA provided 322 meals to 124 seniors. This alternative to the traditional community dining sites offered seniors more flexibility as seniors were able to choose their meals from a preset menu and were able to dine whenever and with whomever they chose, including friends, spouses and people under 60, such as children and grandchildren. The pilot

demonstrated that this model could increase meal program reach, by targeting seniors who cannot attend our current sites due to limited hours at meal sites and having to make reservations in advance. The program also served seniors more efficiently as there were no site costs for staff or supplies. Finally, unlike the traditional meal sites that order meals in advance, meals were only ordered for seniors in attendance, reducing food waste and food costs.

- **New EPD Waiver enrollment process:** DCOA partnered with DHCF and launched a new enrollment process for the Elderly and Persons with physical Disabilities (EPD) Waiver to help improve customer service, reduce wait times for the EPD Waiver, and gain a better understanding of the Districtwide areas for improvement through careful data collection and analysis. DCOA and DHCF worked together to envision, develop, and implement multiple Medicaid enrollment processes, including hiring and training a 10-member Medicaid Enrollment Team at DCOA. The team has been able to get through the final high volume of case assignments, case closures, application follow up, and other administrative tasks associated with eliminating the yearlong backlog. The DCOA and DHCF streamlined enrollment process has resulted in improved performances in the following areas: number of application submissions to ESA, number of cases transferred to case management agencies, number of home visits completed, average days between initial correspondence and case assignment, and average number of days between case assignment and home visit.
- **Safe at Home:** In FY 2016, DCOA partnered with the Department of Housing and Community Development (DHCD) to create Safe at Home, a program that promotes aging in place for older adults (60 years and older) and people with disabilities (between 18 and 59 years old) by offering home accessibility adaptations to reduce the risk of falls and reduce mobility barriers. After working with community stakeholders to design the program from October through December, the Safe at Home Program began operating on January 4, 2016. The original budget in the pilot year was \$1 million with a projection to serve up to 100 clients. The demand for Safe at Home has been much higher than anticipated. The budget was increased to \$1.75 million and 223 clients completed home adaptations with contractors. The average number days between the date of the initial occupational therapist assessment visit and the occupational therapist final review of completed project was approximately 45 days.
- **ADRC Quality Assurance:** In FY16, ADRC implemented policies to improve customer experience monitoring. This included updated Standard Operating Procedures and standardized data collection for multiple programs. In September 2016, ADRC completed a customer satisfaction survey to assess perceived customer satisfaction and identify potential service gaps. The survey focused on five of ADRC's direct services: Information and Referral/Assistance (I&R/A), Community Social Work, Community Transition, EPD Waiver Program Enrollment, and Medicaid State Plan Adult Day Health Program Enrollment. The Contractors conducted 168 telephone interviews. A report was produced that uses the previous year's survey results as a baseline for comparison.
- **Eliminating Service Overlap:** DCOA worked with sister agencies to identify services that are currently paid for by DCOA and covered by Medicaid, resulting in duplicate payments.



In FY16, DCOA and the Department of Health Care Finance (DHCF) worked with grantees that provide case management and transportation services to identify Medicaid-enrolled clients and began the process for grantees to become Medicaid-approved providers. As a result, the projected FY17 cost savings to the District in case management is \$208,000 and in transportation is \$500,000. The affected grantees also have an additional source of revenue for service provision.

**37. What are five areas that DCOA hopes to improve upon in FY17?**

See Attachment Q37 – DCOA’s FY17 Performance Plan.

**38. Please list the 5 biggest challenges that faced today by District seniors, and what actions DCOA has undertaken to assist seniors with these challenges.**

The 2016 Needs Assessment surveyed 880 seniors in the community. To determine priority areas, the grantee developed a composite score by adding level of importance and level of unmet need. The following areas are ranked as the top five priority areas:

- **Preventing falls and other accidents:** In FY16, DCOA and the Department of Housing and Community Development (DHCD) partnered to develop and implement a new home adaptation program called Safe at Home. The program promotes aging in place for older adults (60 years and older) and people with disabilities (18 to 59 years old) by providing up to \$10,000 in home accessibility adaptation to reduce the risk of falls and reduce barriers to mobility. Additionally, DCOA will continue its partnership with the Falls Free Prevention Coalition to host the 3rd Annual Falls Prevention Day Program. Program activities incorporate health education, on-site screenings, and connection to community resources, like CVS Pharmacists, to provide a holistic approach to health and wellness. DCOA continues to strengthen its community partnerships to ensure access to a comprehensive network of resources.
- **Knowing what services are available:** DCOA is developing a comprehensive communications plan to better target underserved populations and ensure messaging is accurate and consistent across all stakeholders. As part of the plan, DCOA will redesign its website to serve as a central, comprehensive portal of services, information, and resources available to seniors, people with disabilities, and caregivers. Further, DCOA is expanding its Ambassador program to include ongoing community training on DCOA programs, as well as quarterly workshops covering a variety of issues that are important to seniors. Through proactive and ongoing engagement with Ambassadors, DCOA seeks to leverage these relationships to further bring awareness to DCOA services and supports through effective word-of-mouth marketing. DCOA continues to expand its public awareness efforts through information sessions, presentations and outreach events in all eight wards and will continue to partner with sister agencies on community outreach opportunities.

- **Keeping warm/cold as weather changes:** DCOA partners with the Department of Human Services (DHS) and Department of Energy and Environment (DDOE) to help connect seniors to programs such as Low Income Home Energy Assistance Program (LIHEAP) and Weatherization Assistance Program (WAP). In cases of emergencies, DCOA connects seniors to HSEMA, DHS and APS for space heaters and other inclement weather supports. Additionally, DCOA’s outreach activities build awareness around seasonal preventative care and safety tips.
- **Assistance with repairs and maintenance of home or yard:** DCOA’s funds East River Family Collaborative’s city-wide Heavy House Cleaning Program and Seabury’s Age-In-Place Program, which provides yard work and house cleaning to low- and moderate-income older adults. Furthermore, DCOA has been working to support and expand the senior village network in the District, which provides in-home support services and other community-based activities necessary to age in place. Services may include: help with shopping, help running errands, and household maintenance and cleaning.
- **Protecting rights, safety, property or dignity:** DCOA’s Elder Abuse Prevention Committee (EAPC) continued to administer the “Money Smart for Older Adults” program—a training program offered through a formal partnership with Federal Deposit Insurance Corporation and the Consumer Financial Protection Bureau. The informational sessions at DCOA’s Senior Wellness Centers and other senior residential facilities provided tips on how to prevent common fraud, scams and other financial exploitation. In FY 16, EAPC conducted 31 workshops of the Money Smart program in the community and trained 733 seniors. Furthermore, DCOA continues to partner with AARP’s Legal Counsel for the Elderly to provide legal assistance and operate the Long-Term Care Ombudsman Program.

**39. Please list the number of calls the Housing Coordinator within DCOA’s ADRC received, and a breakdown of the housing requests in FY16 and FY17 to date.**

The Housing Coordinator has connected with 1,701 individuals seeking housing assistance from DCOA via phone and email. The types of requests for assistance included, but were not limited to, the following:

- Housing searches for low-income older adults, people with disabilities, and/or veterans;
- ADA compliant housing;
- Assisted living facilities;
- Housing counseling for foreclosures and reverse mortgages;
- In-home repairs;
- Senior housing information; and
- Referrals for environmental accessibility adaptations.

Housing Topics	FY 16	FY 17 Q1
ADA Housing Access	117	22
Affordable Housing	257	49
Assisted Living Facility	38	15
Group Home	0	2
Home Repair Services (for home owner)	332	67
Homeless/Shelter Services	56	21
Housing Counseling	41	8
Senior Housing Information	58	29
Other	-	121

During Q4 of FY16, DCOA began restructuring the housing coordinator’s program and role to reduce duplication of services with the Information & Referral/Assistance Unit. The Housing Coordinator’s duties will narrow in focus in FY17 to address nursing home and institutionalized residents seeking to transition into the community. The Information & Referral/Assistance team will assist in connecting callers to the appropriate D.C. government agency or non-profit programs.

**40. How many clients were provided services in FY16 and FY17 to date, and how many clients are in the District yet do not utilize the services of DCOA?**

According to projections provided by U.S. Census Bureau’s 2015 American Community Survey, the District was home to 108,229 seniors (60 years and above) in 2015. DCOA’s Senior Service Network served 17,683 clients in FY16 and approximately 10,350 clients in the first quarter of FY17. The Aging and Disability Resource Center (ADRC) served 11,295 clients in FY16 and 3,874 clients in the first quarter of FY17.

Additionally, DCOA hosts or co-hosts five annual events that collectively serve thousands of seniors. Due to limited data capabilities, DCOA is unable to provide the number unduplicated participants served by DCOA. However, food ordering at community dining sites during these events does not decrease significantly, which indicates that the majority of attendees to DCOA events do not otherwise participate in DCOA’s meal program.

**41. Please provide utilization for various services (i.e. congregate meals, case management, etc.) for DCOA-funded program areas overall, then broken down by each provider.**

The following data reflects the number of clients served under each ADRC program in FY16:

Service	Number Served*
Community Transitions	735
Housing Coordination and Resources	1,701
Information and Referral/Assistance	10,598
Medicaid Enrollment: EPD Waiver	1,736

\*Numbers reflect clients served by each ADRC unit. Clients may be served by multiple units.

See Attachment Q41 – FY16 Service Units by Service.

**42. How many home meals were provided in FY16 and FY17 to date?**

- i. Provide the number of home-delivered meals with a breakdown by Ward.

<b>42i</b>	<b>Home-Delivered Meals Served</b>	
<b>Ward</b>	<b>FY16</b>	<b>FY17 Q1</b>
1	45,951	11,809
2	42,919	12,267
3	45,182	11,573
4	71,936	19,024
5	115,085	29,443
6	73,490	20,767
7	238,206	45,187
8	93,420	23,604
Total	726,189	173,674

- ii. How many seniors are enrolled in the home-delivered meal program? Please provide a breakdown by Ward.

<b>42ii</b>	<b>Home-Delivered Meals Clients Served</b>	
<b>Ward</b>	<b>FY16</b>	<b>FY17 Q1</b>
1	289	202
2	244	163
3	173	134
4	358	254
5	423	342
6	357	251
7	762	630
8	401	315
Total	3,007	2,291

iii. Provide the number of congregate meals with a breakdown by Ward.

42iii	Congregate Meals Served	
Ward	FY16	FY17 Q1
1	68,639	14,341
2	57,556	14,056
3	16,726	3,450
4	36,046	8,072
5	77,246	18,817
6	37,839	9,646
7	32,801	8,206
8	32,803	8,098
Total	359,655	84,686

iv. Provide the list of congregate meal sites by Ward.

See Attachment Q42iv – Congregate Meal Sites by Ward.

43. How many clients received transportation services in FY16 and FY17 to date?

	FY16 TOTAL	
	Clients	Trips
Medical	2,211	71,052
Day Care	148	37,195
Group Trips	2,372	32,915
Wellness	310	79,554
TOTAL	3,566	220,716

	FY17 Q1 TOTAL	
	Clients	Trips
Medical	1,138	14,904
Day Care	98	8,487
Group Trips	1,028	8,868
Wellness	219	17,920
TOTAL	2,206	50,179

- i. Provide a breakdown of transportation services by Ward and the general reason for transportation (i.e. medical, recreational, etc.).

**TRANSPORTATION SERVICES FY16**

	Ward 1		Ward 2		Ward 3		Ward 4	
	Clients	Trips	Clients	Trips	Clients	Trips	Clients	Trips
Medical	235	7,577	103	2,997	70	2,299	270	8,954
Day Care	24	6,833	7	1,203	17	3,878	52	13,325
Group Trips	310	4,052	258	3,986	67	384	325	6,250
Wellness	42	11,760	9	2,185	9	2,224	52	14,469
<b>TOTAL</b>	<b>417</b>	<b>30,222</b>	<b>237</b>	<b>10,371</b>	<b>129</b>	<b>8,785</b>	<b>481</b>	<b>42,998</b>

	Ward 5		Ward 6		Ward 7		Ward 8	
	Clients	Trips	Clients	Trips	Clients	Trips	Clients	Trips
Medical	429	14,631	256	8,422	491	15,806	357	10,366
Day Care	31	8,665	7	2,074	8	863	2	354
Group Trips	417	4,835	331	3,842	335	5,183	329	4,383
Wellness	22	5,971	30	7,744	106	24,910	40	10,291
<b>TOTAL</b>	<b>665</b>	<b>34,102</b>	<b>417</b>	<b>22,082</b>	<b>687</b>	<b>46,762</b>	<b>533</b>	<b>25,394</b>

**TRANSPORTATION SERVICES FY17 Q1**

	Ward 1		Ward 2		Ward 3		Ward 4	
	Clients	Trips	Clients	Trips	Clients	Trips	Clients	Trips
Medical	124	1,573	49	598	41	564	147	2,010
Day Care	18	1,574	3	240	12	795	34	2,950
Group Trips	151	1,194	119	1,078	46	208	138	1,582
Wellness	29	2,772	7	538	5	478	41	3,385
<b>TOTAL</b>	<b>278</b>	<b>7,113</b>	<b>171</b>	<b>2,454</b>	<b>96</b>	<b>2,045</b>	<b>316</b>	<b>9,927</b>

	Ward 5		Ward 6		Ward 7		Ward 8	
	Clients	Trips	Clients	Trips	Clients	Trips	Clients	Trips
Medical	216	3,043	135	1,822	245	3,045	181	2,249
Day Care	25	2,440	4	403	1	82	1	3
Group Trips	185	1,290	145	942	118	1,356	126	1,218
Wellness	16	1,290	20	1,532	78	5,755	23	2,170
<b>TOTAL</b>	<b>391</b>	<b>8,063</b>	<b>269</b>	<b>4,699</b>	<b>382</b>	<b>10,238</b>	<b>303</b>	<b>5,640</b>

**44. Please provide a list of services that each Lead Agency provides by Ward. Please include the number of times each service has been provided in each Ward.**

Lead Agencies provide core services in each ward as indicated in the table below; however, there are city-wide services that may be included in a ward-based grant for efficiency purposes.

FY16 Service Units by Lead Agency/Ward								
Services	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Adult Day Care			9,255					
Caregiver Services	10			15				
Case Management	1,902	2,172	5,226	2,023	4,979	2,746	3,916	1,278
Case Assessment	585	255	253	689	858	204	871	661
Counseling	24,070	21,609		20,594	4,772	6,731	10,728	9,186
Congregate Meals Weekday	68,639	18,988	8,045	36,046	77,246	37,839	28,743	32,803
Congregate Meals Weekend			3,545					
Home-delivered Meals Weekday	36,437	29,119	32,683	57,595	87,426	62,913	152,800	73,874
Home-delivered Meals Weekend	9,514	13,801	12,499	14,341	27,659	10,577	23,088	19,547
Nutrition Education	2,041	1,222	574	2,679	5,314	3,929	1,350	2,160
Health Promotion	24,378	43,911	3,504	20,207	29,094	14,431	23,455	16,809
Nutrition Counseling	480	323	345	290	641	359	712	864
Recreation	49,971	69,479	5,735	37,908	59,930	56,050	57,362	24,383

**45. Please include the quarterly scorecards for grantees for their services that were conducted in FY16.**

In FY16, DCOA piloted an internal management tool called the Score Card. DCOA will work with the Committee to review the Score Card pilot.

**46. Has DCOA undergone any changes in distribution of funding to its grantees from FY16 to FY17?**

See Attachment Q46 – FY17 Enhancements, Adjustments and Reductions.

**47. Has DCOA made any improvements to its grants processes in FY16?**

DCOA’s grants process is conducted in accordance with approved standards in DCMR Chapter 50 and the District’s Source Book guidelines. Based on feedback from the Senior Service Network, DCOA extended its grant periods in FY16 to mirror the federal government’s period of two years with an option year. Additionally, the Continuation

Application Process was streamlined, which resulted in the consolidation of multiple grants in a single Notice of Grant Award for a number of providers in FY17.

DCOA also moved to actual cost-based reimbursement as the standard for reimbursement across the Senior Service Network. This was also based on feedback from grantees about the difficulties with unit-based reimbursement. Cost-based reimbursement allows a grantee to be reimbursed fully for their expenditures in providing a service, up to the approved budget amount.

**48. Please give a detailed description of each senior village including:**

**i. Updated status of the village;**

Senior villages are independent, nonprofit, community based organizations. DCOA does not have access to each organization's operational and programmatic capabilities.

**ii. Description of programs carried out at each village;**

Senior villages provide in-home support services and other community-based activities necessary to age in place. Services may include: transportation, friendly home visits, help with shopping, help running errands, household maintenance and cleaning, fitness activities, social outings, and assistance during a doctor visit.

**iii. Operating budget of each village; and**

Villages are financially independent from the government. DCOA does not have access to each organization's accounting records.

**iv. Biggest challenge that each village faces.**

Challenges to senior villages consist of organizational capacity to generate revenue and limited collaboration across all villages in the District.

**VII. 2016 Special Needs Assessment**

**49. After receiving the 2016 Special Needs Assessment, what are the next steps for DCOA in response?**

The 2016 Needs Assessment is a critical tool in establishing the baseline for identifying community-driven priorities. The data gathered from the community will assist in shaping DCOA's messages, evaluating current programs and services, and setting agency goals and objectives. DCOA is committed to using the findings to improve overall agency efficiency, expand opportunities for the community to be part of the decision making process, and identify high-value areas for expansion or innovation.



DCOA's immediate priority is to develop a robust communications strategy. The communications plan will focus on targeting outreach to District seniors facing economic hardship and social isolation; empowering individuals to take charge of their long-term goals; drawing feedback from seniors on how to support healthy aging and continuing to identify community needs; amplifying District seniors' voices to ensure all sister agencies' programs are meeting the needs of a growing senior population; and continuing to expand opportunities for seniors to participate in the decision making process.

Additionally, as DCOA strives to become a national leader in providing innovative, transformative services, the agency will focus on:

- Empowering service providers to develop creative program designs.
- Providing technical assistance and management technology needed to become more data and outcome driven.
- Expanding DCOA's reach in the senior community.
- Continuing to promote customer experience as the key driver to DCOA's service delivery model.

DCOA will continue to evaluate the feasibility of these recommendations throughout FY17 as it develops specific plan of action to accomplish these objectives.

**50. What ideas does DCOA have in the pipeline to combat the following identified problems:**

**i. Keeping in seniors in their homes longer;**

DCOA is moving towards enhancing its evidenced-based programming that includes disease prevention and health maintenance programs in our wellness centers. Programs include oral health screenings and yoga. DCOA is also identifying ways to increase opportunities for access to more fresh produce and senior wellness center programming to combat isolation and increase healthy living. Additionally, DCOA will continue the Safe at Home program to reduce in-home falls risks.

**ii. Providing holistic array of services to optimize quality of life;**

DCOA will continue its partnership with the Falls Free Prevention Coalition to host the 3rd Annual Falls Prevention Day Program. Program activities incorporate health education, on-site screenings, and connection to community resources, like CVS Pharmacists, to provide a holistic approach to health and wellness. DCOA continues to strengthen its community partnerships to ensure access to a comprehensive network of resources. New community partnerships include the American Kidney Fund, Whitman-Walker Health, and D.C. Department of Health's Oral Health Collaborative.

**iii. Ensuring that the people who are most frail and sick are heard; and**

DCOA updated its assessment tools and is encouraging its Network to survey homebound clients and distribute information to them during meals delivery. Under the direction of the agency's Public Health Nutritionist, a task force worked to examine the issues related to homebound clients, including isolation and information access, and ways to provide increased access to more seniors. The task force developed the first priority scale for servicing the population, advocated for the need to create additional meals slots and a new home-delivered meal (HDM) delivery route to serve frail seniors. HDM transportation drivers are delivering meals and much more educational information than in the past.

Using the results of the 2016 Needs Assessment, DCOA is developing a robust communications strategy. The communications plan will focus on targeting outreach to District seniors facing economic hardship and social isolation, and continuing to expand opportunities for seniors to participate in the decision-making process.

**iv. Assisting able-bodied seniors may to obtain resources they need.**

As part of the communications plan mentioned above, DCOA will redesign its website to serve as a central, comprehensive portal of services, information, and resources available to seniors, adults with disabilities, and caregivers. Further, DCOA is expanding its Ambassador program to include ongoing community training on DCOA programs, as well as quarterly workshops covering a variety of issues that are important to seniors. Through proactive and ongoing engagement with Ambassadors, DCOA seeks to leverage these relationships to further bring awareness to DCOA services and supports through effective word-of-mouth marketing.

**51. How can DCOA improve on communicating information about current programming and how to access it?**

DCOA is developing a comprehensive communications plan to better target underserved populations and ensure messaging is accurate and consistent across all stakeholders. As part of the plan, DCOA will redesign its website to serve as a central, comprehensive portal of services, information, and resources available to seniors, adults with disabilities, and caregivers. Further, DCOA is expanding its Ambassador program to include ongoing community training on DCOA programs, as well as quarterly workshops covering a variety of issues that are important to seniors. Through proactive and ongoing engagement with Ambassadors, DCOA seeks to leverage these relationships to further bring awareness to DCOA services and supports through effective word-of-mouth marketing.

DCOA continues to expand its public awareness efforts through information sessions, presentations and outreach events in all eight wards and will continue to partner with sister agencies on community outreach opportunities.

**52. The 2016 Special Needs Assessment listed the following 5 key recommendations:**

- i. Improve communication and connectivity;**
- ii. Bridge social and health needs;**
- iii. Build urgent and emergent capacity;**
- iv. Develop quality measures and processes;**
- v. Spur collaboration.**

**a. What is DCOA's timeline for when it will have a plan of action to address the recommendations of the assessment?**

The Needs Assessment outlined 26 strategies within the five recommendation areas. DCOA is currently assessing the feasibility of each strategy to develop short- and long-term priorities.

DCOA's immediate priority is to develop a robust communications strategy. The communications plan will focus on: targeting outreach to District seniors facing economic hardship and social isolation; empowering individuals to take charge of their long-term goals; drawing feedback from seniors on how to support healthy aging and continuing to identify community needs; amplifying District seniors' voices to ensure all sister agencies' programs are meeting the needs of a growing senior population; and continuing to expand opportunities for seniors to participate in the decision-making process.

Furthermore, DCOA intends to use the results to set agency goals and objectives. The agency strives to become a national leader in providing innovative, transformative services, and the agency will focus on:

- Empowering service providers to develop creative program designs.
- Providing technical assistance and management technology needed to become more data and outcome driven.
- Expanding DCOA's reach in the senior community.
- Continuing to promote customer experience as the key driver to DCOA's service-delivery model.

DCOA will continue to update the committee on the progress of addressing the short- and long-term priorities.

**b. Does DCOA believe it will be able to address the recommendations as currently funded?**

DCOA will continue to evaluate the feasibility of the recommendations throughout FY17 as it develops specific plan of action to accomplish the short- and long-term priorities.