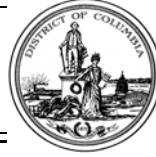# OFFICE OF ANITA BONDS

AT-LARGE COUNCILMEMBER
CHAIR, COMMITTEE ON HOUSING & COMMUNITY DEVELOPMENT

Laura Newland
Acting 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 12, 2016, 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 5, 2016**. Please provide **five 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 the Legislative Analyst, Brian Quarles II, at (202) 724-8153 or bquarles@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

District of Columbia Office on Aging (DCOA)

1. **Please provide a complete, up-to-date organizational chart for each division within the agency including, either attached or separately, an explanation of the roles and responsibilities for each division and subdivision.**

   See Attachment Q1 – DCOA's Organizational Chart.

   a. **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.

   b. **Please provide a narrative explanation of any changes made during the previous year.**

      Last fiscal year, a number of staffing changes occurred at DCOA (particularly from the executive management team), including resignations, internal promotions, and retirements – and the hiring of our new Acting Executive Director, Laura Newland. 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 Q1b – Staffing Changes Chart.

2. **Please provide a complete, up-to-date <u>position listing</u> for your agency, which includes the following information*:**
   a. **Title of position.**

      See Attachment 2 – Schedule A.

   b. **Job description and job responsibilities for key management personnel, including all staff that report directly to director (Program and Grants Manager, Deputy Director, Chief Operations Officer, Special Assistant: Long-term Care Coordinator, Customer Services Manager, ADRC Manager, etc.).**

      Acting Executive Director: Laura Newland.
      The Executive Director is the chief advocate for seniors, people with disabilities, and their caregivers. The Executive Director leads the development and implementation of a multi-year plan of policies, programs, activities and services (services are designed to provide assistance, employment, housing, nutritional programs, recreation, information and referral and counseling services); develops a State Plan on Aging (State Plan); and contracts with and makes grants to public and private agencies using Older Americans Act funds, other federal funds and District government appropriated funds. Additionally, the Executive Director maintains community contacts and represents DCOA for the purpose of stimulating, informing

and educating local organizations and community-at-large on services, needs, facilities, legislation and problems the seniors, people with disabilities and their caregivers are facing.

Chief of Staff: Garret King
The Chief of Staff's responsibilities include overseeing a wide variety of major executive policy issues and/or decisions and projects formulated at the Executive Director's level. The Chief of Staff serves as the Executive Director's key management advisor and participates in identification of needs of the District's seniors, people with disabilities, and their caregivers in recommending strategies and in setting priorities that will meet those needs. Additionally, the Chief of Staff is responsible for several key areas, including: formulating and executing the operating budget; managing day-to-day activities involving staff and grantees; providing technical advice and guidance to senior management; developing and implementing management controls, acceptable work standards and performance objectives; cultivating and maintaining relationships with local and federal government officials and other key stakeholders. The Chief of Staff is also responsible for ensuring the Director's vision is fulfilled and ensuring accountability, transparency and efficiency throughout the agency.

General Counsel: Michael Kirkwood
The General Counsel to DCOA provides legal advice to the Executive Director and the DCOA team on a broad range of issues, including grants management, litigation, and operational issues. The General Counsel also coordinates DCOA's efforts on key legislative and public policy issues, and serves as DCOA's Ethics and FOIA Officer. The General Counsel also participates in the Elder Abuse Prevention Committee.

Associate Director: Sara Tribe Clark
The Associate Director of the Aging and Disability Resource Center (ADRC) is responsible for all operations of ADRC including the development, administration, and operations of all home and community-based programs and services of ADRC offered to older adults, caregivers, and people living with disabilities in DC. The Associate Director oversees the development of programmatic policies and procedures, establishment of comprehensive measurable objectives, quality assurance measures, and staff evaluation. ADRC programs include, but are not limited to, information and referral/assistance, long-term care options counseling, nursing home and hospital transition assistance, Money Follows the Person demonstration, assistance with referral and enrollment in D.C. Medicaid services provided by DHCF, housing coordination, and employment services. The Associate Director provides leadership in the development of partnerships with other D.C. agencies and community-based organizations, and works closely with key health and human service agencies to ensure DCOA is participating in a collaborative and coordinated approach to District-wide needs.

Resource Allocation Officer: Vacant

District of Columbia Office on Aging (DCOA)

The Resource Allocation Officer works independently under the supervision of the Executive Director. The Resource Allocation Officer is responsible for serving as DCOA's chief custodian and records manager over program and service related data. The Resource Allocation Officer ensures that the team provides timely, accurate and complete records for all pertinent information and data in a safe and secure manner. Additionally, the Resource Allocation Officer oversees the following: analysis of DCOA's monthly obligations; budget plans for major dollar expenditures; adjustments; un-liquidated obligation reviews and unexpired resources against programs. He or she prepares the Executive Director and the Chief of Staff for budget and performance hearings with the necessary programmatic and financial data, talking points and other pertinent information to assist in the understanding of the agency's fiscal status. The Resource Allocation Officer also manages the programmatic and finance team.

Director of Policy, Planning and Evaluation: Brian Footer
The Director of Policy, Planning, and Evaluation provides senior level coordination for planning, organizing, and developing vital policies, regulations, directives, and procedures required to resolve issues and challenges that hinder the successful accomplishment of the agency's strategic plans, goals, and objectives. The Director of Policy, Planning and Evaluation oversees the development and implementation of internal and external reports, strategic plans, and initiatives related to DCOA. Additionally, the director manages requests for data and other inquiries related to DCOA's performance. He monitors and tracks performance in order to ensure the agency meets quality improvement, quality assurance, and other goals. The Director of Policy, Planning and Evaluation serves as DCOA's liaison to public and private providers, government officials, and other stakeholders regarding policy, data evaluation, and agency planning.

Director of External Affair and Communications: Vacant
The Director of External Affairs and Communications serves as the primary spokesperson for the D.C. Office on Aging (DCOA) to representatives of the media and community stakeholders, in addition to providing leadership and management to the agency's External Affairs and Communications division. Additional responsibilities include, developing and articulating the vision for the agency to key administration stakeholders; 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 Director manages all press inquiries and external material executed; and oversees the informational content provided on the agency's website and social media sites. This includes managing and editing the agency's weekly newsletters and print

publications and other online communications including Twitter, Facebook, and Instagram.

   c. Name of employee or statement that the position is vacant, unfunded, or proposed.

     See Attachment Q2 – Schedule A.

   d. Date employee began in position.

     See Attachment Q2 – Schedule A.

   e. Salary range and fringe, including the specific grade, series, and step of position.

     See Attachment Q2 – Schedule A.

   f. Job status (continuing/term/temporary/contract).
    (*Please list this information by program and activity)

     See Attachment Q2 – Schedule A.

3. **Please provide the number of FY15 full-time equivalents (FTEs) for the agency, broken down by program and activity. Please also note the number of vacancies at the close of FY15, by program and activity and current vacancy information.**

   a. 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 Q3 – FTEs & Vacancies.

   b. How many vacancies within the agency were posted during FY15 and FY16, to date?

     During FY15 and FY16 through today's date a total of 54 vacancies have been posted. Please note that 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.

District of Columbia Office on Aging (DCOA)

4. **Does the agency conduct annual performance evaluations of all it employees? If so:**
   a. **Who conducts such evaluations?**

   DCOA conducts annual performance evaluations using the process prescribed by DCHR. Managers conduct performance evaluations for their team.

   b. **Are the evaluations conducted annually?**

   The evaluations are conducted annually as required by DCHR.

   c. **In what month(s) are the evaluations conducted?**

   The supervisor and the employee review the goals, responsibilities and objectives on an ongoing basis to ensure that the employee is meeting individual job requirements. Performance evaluations are completed in November and December.

   d. **What steps are taken to ensure that all agency employees are meeting individual job requirements?**

   All employees are engaged in the performance management process. Each manager is responsible for assisting with the development and monitoring of annual goals established by each team member. Managers meet with their team members frequently to assess how the team members and the unit as a whole are functioning. Managers consistently coach, mentor and provide development opportunities for their team members.

   e. **How many employees received satisfactory performance evaluations?**

   All of the completed evaluations received a score of satisfactory or higher.

   f. **Please provide a copy of the evaluation criteria.**

   See Attachment Q4f – Evaluation Criteria.

5. **Please provide the Committee with the following, and note how, if at all, the cost has differed between FY15, and FY16**
   a. **A list of all employees who receive cell phones, personal digital assistants, or similar communication devices at agency expense.**

   See Attachment Q5a – Information Technology Equipment Inventory. DCOA expects this item to be the same in FY16.

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

   See Attachment Q5b – Vehicle Listing. There were no funds expended in FY15 and FY16 to purchase or lease vehicles and DCOA expects maintenance cost to be the same in FY16.

   c. **A list of employee bonuses granted in FY15 and FY16, to date, if any.**

   From FY15 to date, DCOA has not awarded any bonuses.

   d. **A list of travel expenses, arranged by employees**

   See Attachment Q5d – Travel Expenses. DCOA expects this expense to be the same in FY16.

   e. **A list of total overtime and workers' compensation payments made in FY15 and FY16, to date.**

   From FY15 to date, DCOA has spent a total of $171.66 in overtime payment, and $29,493.01 in workers' compensation. DCOA is working with the Office of Risk Management on investigating all workers' compensations claims.

6. **Please provide a chart showing your agency's approved budget and actual spending, by providing, for FY15 and FY16, to date. In addition, please describe any variance between fiscal year appropriations and actual year expenditures for FY15 and FY16, to date.**

   See Attachment Q6 – Budget & Expenditure.

7. **Please list any <u>reprogramming,</u> in or out, which occurred in FY15 and FY16, to date. For each reprogramming, please list the total amount of time of the reprogramming, the original purposes for which the finds were dedicated, and the reprogrammed use of funds.**

   See Attachment Q7 – Reprogramming.

8. **Please provide a complete accounting for all <u>intra-District transfers</u> received by or transferred from the agency during FY15 or FY16, to date.**

   See Attachment Q8 – Intra-District.

9. **Please identify <u>special purpose revenue accounts</u> maintained by, or use by, or available for use by your agency during FY15 or FY16, to date.**
    a. **The revenue source and code**
    b. **The source of funding**
    c. **A description of the program that generates the funds**

  d. **The amount of funds generated by each source or program in FY15 and FY16, to date.**
  e. **Expenditures of funds, including the purpose of each expenditure, for FY15 and FY16, to date.**

  DCOA does not have any special purpose revenue accounts.

10. **Please provide a list of all projects for which your agency currently has <u>capital funds</u> available. Please include the following:**
  a. **A description of each project**
  b. **The amount of capital funds available for each project**
  c. **A status report on each project, including a timeline for completion**
  d. **Planned remaining spending on the project.**

  See Attachment Q10 – Capital Funds.

11. **Please provide a complete accounting of all federal grants received for FY15 and FY16, to date.**

  See Attachment Q11 – Federal Grants.
  .

12. **Please identify any legislative requirements that the agency lacks sufficient resources to properly implement.**

 The agency has sufficient resources to properly implement legislative requirements.

13. **What steps have been taken during FY15 and FY16, to date, to reduce the following:**
  a. **Space utilization**

  DCOA's ADRC has decentralized its community social work team, who now utilize shared desk space within the agency.

  b. **Communication costs**

  DCOA continues to participate in the citywide Comcast business agreement with the Office of Cable Television and has an agreement with OCTO for AT&T cellular services.

  c. **Energy use**

  DCOA's headquarters, which includes the Hayes Senior Wellness Center site, continues to utilize motion sensor lighting throughout the building and energy efficient lighting.

14. Please provide the agency's fixed costs budget and actual spent for FY15, and FY16, to date. Please include a narrative description of any substantial changes in these costs.

DCOA's fixed costs are not included in the FY 2015 or FY 2016 budgets. These costs are included in the centralized Department of General Services', Office of Chief Technology Officer's, and the Department of Public Works' fixed cost budgets for the entire Government of the District of Columbia.

15. Describe in detail the amount funded, and how it was used in the FY15 and FY16 budget:
   a. "special events" budget
      See Attachment 15a – "Special Events" Budget.

   b. "training and education" budget
      There were no funds budgeted for training in FY15 and FY16.

   c. "other services and charges" budget

      FY 2015 budgeted local amount = $521,389.00
      FY 2016 budgeted local amount = $575.667.00

      This budget covers the following activities below:

      Office Travel - The budget is used when agency employees travel in state and out of state for work related matters.

         FY15 - $10,100
         FY16 - $23,103

      Maintenance and Repairs - The budget is used for Seabury vehicles and the agency's vehicles for maintenance, repairs and fuel.

         FY15 - $303,756
         FY16 - $152,517

      Professional Service Fees - The budget is used for various MOUs with sister agencies, including fiscal, human resources, communications, and fleet services.

         FY15 - $138,334
         FY16 - $375,955

      Tuition for Employee Training (Legal Services) - The budget is used for training legal professionals at the agency.

         FY15 - $1,200
         FY16 - $0

IT Hardware & Software Maintenance - This budget is used for buying IT software and computers for the agency.

   FY15 - $64,196
   FY16 - $24,092

OCTO IT Assessment - This budget is used for telecom services for the agency through the Office of Communication and Technology Officer (OCTO). In FY16 this budget was centralized in the Office of Chief Technology Officer.

   FY15 - $3,804
   FY16 - $0

d. "subsidies and transfers" budget

See Attachment Q15d – Subsidies & Transfers Budget.[1]

#1 – Community-Based Support has four (4) activities:
Community-based programs include residential facilities, elder rights assistance, health promotion, wellness, counseling, legal services, transportation and recreation activities for District residents age 60 years of age and older to enable seniors to live independently in the community and minimize institutionalization. There are four (4) activity areas involved:

- Advocacy/Elder Rights: Supports elder rights protection and adult protective service activities that concur with relevant federal and state laws, provides public education regarding elder abuse, and assists in resolving complaints between residents/families and nursing homes and other community residential facilities for seniors.
- Health Promotion and Wellness: Provides physical fitness, health screening and wellness information for District residents age 60 and older to increase their health awareness and to adopt healthier behaviors.
- Community Services: Provides congregate and home delivered meals, transportation, recreation, counseling, volunteer activities, and legal services.
- Supportive Residential Facilities: Provides emergency shelter, supportive housing, advocacy, and aging in place programs.

FY15 budgeted local amount = $15,626,670
FY16 budgeted local amount = $15,916,627

#2 – Consumer Information, Assistance, and Outreach has four (4) activities:
DCOA provides its customers with information, assistance and outreach for a variety of long-term care needs to enhance and increase the knowledge of

---

[1] Budget excludes DCOA's centralized ADRC.

older adults, people with disabilities and caregivers about our programs and services offered in the District.

- Employment Services: Provides job counseling and placement opportunities for District residents age 55 and older so they can gain and maintain employment.
- Advocacy/Elder Rights: Supports elder rights protection and adult protective service activities that concur with relevant federal and state laws, provides public education regarding elder abuse, and assists in resolving complaints between residents/families and nursing homes and other community residential facilities for seniors.
- Special Events: Provides socialization, information, and recognition services for District residents age 60 and older to increase their awareness of available services, expand their social network, and project a positive image of aging.
- Training and Education: Provides consumer training for seniors and professional training for service providers and the general public to enhance their knowledge and increase their skills regarding policies and procedures affecting elderly programs and services.

FY15 budgeted local amount = $1,182,761
FY16 budgeted local amount = $1,226,921

#3 – In-Home & Continuing Care has two (2) activities:
DCOA helps District residents remain as independent as possible in in the home of their choice in the community. The agency offers a variety of community-based services and supports to the District's older adults (age 60 and over), people with disabilities (ages 18 and older), and their caregivers.

- In Home and Daycare Services: Adult day care, nutrition and case management services for frail District residents age 60 years of age and older.
- Caregiver Support: Services include caregiver education and training, respite, stipends and transportation services to eligible caregivers.

FY15 budgeted local amount = $4,062,082
FY16 budgeted local amount = $4,062,082

#4 – Agency Management Services:
Agency Management Services provides administrative support and the required tools to achieve operational and programmatic results. The program is standard for all agencies using performance-based budgeting.

FY15 budgeted local amount = $2,000,000
FY16 budgeted local amount = $1,000,000[2]

---

[2] In FY16, there was a reduction of $1 million to the agency management to right-size funding for Senior Wellness Centers. In Fiscal Year 2015, the agency received funds to expand the hours and days that the Senior Wellness Centers were open. The reduction, however, is achievable because utilization is low and uneven among the sites.

16. **Please list each policy initiative of your agency during FY15 and FY16, to date. For each initiative please provide:**
    a. **A detailed description of the program**
    b. **The name of the employee who is responsible for the program**
    c. **The total number of FTE's assigned to the program**
    d. **The amount of funding budgeted to the program**

a. **Alzheimer's Disease Initiative**

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). DCOA's Alzheimer's Disease Initiative was successful in reaching its goal to increase access to home and community-based services and supports for individuals with Alzheimer's Disease and Related Dementias (ADRD) throughout FY15. Through the Initiative, DCOA launched five pilot programs: 1) DCOA worked with its partners to try to establish a "Cluster Care" model of service for individuals living in high-density residential communities and living alone with ADRD, but found there was no population to suit this program; 2) Money Management/Rep Payee Program provides money management training and representative payee support to people experiencing ADRD and has enrolled 10 individuals 3) Sibley's Club Memory program has successfully expanded to Wards 7 and 8, and has enrolled 80 new members; 4) Saturday Respite programs were developed and established in both Wards 7 and 8; and 5) The Behavioral Symptom Management training program was approved to provide professional Continuing Education Credits (CEUs) by the DC Board of Nursing Assistive Personnel to Personal Care Aides and the National Association of Social Work (NASW) for Licensed Social Workers and presented trainings to 180 professionals and family caregivers. Additionally, DCOA's Alzheimer's Disease Initiative Grant included coordinating a District-wide multimedia outreach campaign to educate District residents on dementia and community supportive services. DCOA hosted the DC Brain Health Tour in collaboration with the Alzheimer's Association, Alzheimer's Foundation of America, Sibley Hospital, and Howard University at each of DCOA's Senior Wellness Centers and DCOA's annual Senior Symposium. Each event consisted of workshops, free memory screenings, informational tables, prizes, and giveaways. In total, this tour reached nearly 250 seniors and provided memory screenings to 146 seniors throughout the District.

   b. Brittany Kitt, Federal Grant Project Lead, is responsible for this program.
   c. There is one (1) FTE assigned to this program.
   d. Funding for this program was $334,127 for FY15 and $ 421,783.14 for FY16. The total grant award for three (3) years is $992,742.

Age-Friendly DC (AFDC) Initiative

The District completed the Age-Friendly D.C. Strategic Plan and submitted the proposal to the World Health Organization (WHO) and AARP on December 3, 2014. The initial 2012-2014 listening phase of the age-friendly initiative engaged nearly 4,000 residents through community forums, focus groups, surveys, and neighborhood walks. Using opinions, concerns and ideas from District residents and stakeholders as a baseline, the AFDC Task

Force incorporated the wisdom of academics, government officials and community leaders to develop a comprehensive and thoughtful series of goals and objectives organized within the eight WHO recommended domains and two DC-specific domains created to address issues of particular concern to D.C. residents (Emergency Preparedness & Resilience and Elder Abuse, Neglect, and Fraud).

Additionally, the WHO Centre for Health Development announced in December 2014 that Age Friendly D.C. was selected as one of 12 sites from around the world to participate in a four month pilot study. Since 2012, WHO has been developing a set of core and supplemental indicators to assist Age Friendly Cities to monitor and evaluate progress in improving the urban environment for seniors to live, work and play. Each site wrote an 11 to 17 page proposal that focuses on developing a set of core indicators, reporting the associated data, and describing the experience of utilizing WHO's guiding tool. The final product was delivered to WHO in March 2015.

    b. Gail Kohn, Age-Friendly DC Coordinator and Nick Kushner, Age-Friendly DC Analyst, are responsible for this program.
    c. There are two (2) FTEs assigned to this program within the Office of the Deputy Mayor for Health and Human Services (DMHHS).
    d. The total funding in FY15 was $393,510. In FY16, the AFDC was transferred to DMHHS.

SPECIAL INITIATIVES: Completed in FY 2015

Emergency Preparedness
In FY15, DCOA partnered with the DC Department of Health (DOH) to train 60 volunteers from all eight wards to support DC's First Responders in case of a large-scale emergency event in the District. Training consisted of, but was not limited to the following topics: Sheltering; Mass Care; Disaster mental health; locations for dispensing medicines; Pet preparedness and behavior; Senior Awareness; Sensitivity for persons with access and functional needs; and CPR/First Aid. DCOA volunteers were entered into the Health Alert Network and DC Responds database for alerting and communication. Volunteers will be prepared and called to assist the District's older adults in an emergency if needed.

Intergenerational Programming
In FY15, DCOA successfully partnered with Common Good City Farm (CGCF) to build an intergenerational gardening program that increased access to fresh produce, developed nutritional awareness and hands-on skills, and increased opportunities to transfer knowledge and mutual respect across generations. In August 2014, DCOA and CGCF built six raised garden beds at two Seniors Wellness Centers that serve as the foundation for gardening and nutrition education programing led by high school students enrolled in CGCF's Youth Employment Program.

In FY 2015, DCOA also partnered with Jump Start to successfully train and place 16 senior volunteers in an early childhood tutoring program at DCPS schools. Spending between 6-8 hours a week in the classrooms of Langdon and Noyce Education Campuses, these seniors worked with the same small cohort of children for an entire school year, cultivating their language, literacy, and social skills through a curriculum focused on individualized attention. The seniors volunteered over 1,200 hours and impacted the lives of over 50 pre-k children during the 2014-2015 school year.

What-a-Waste Initiative
In FY15, DCOA experienced great success during the "What a Waste" initiative, which was an initiative implemented by the National Foundation to End Senior Hunger, to measure and evaluate food waste data from the congregate meal programs. Data collected shed light on customers' behavior and agency operations.

SPECIAL INITIATIVES: Continuing into FY 2016

Nutrition Task Force

In FY15, DCOA established the Nutrition Task Force and used the data to develop and implement policy reforms and system changes to decrease food waste, improve systems of tracking, and meet customer needs. DCOA plans to adjust eligibility criteria to ensure the program reaches seniors in greatest need.

ConnectorCard
In FY15, DCOA replaced the "Call-N-Ride," a subsidized paper coupon system for low- to moderate-income residents, with a program called the ConnectorCard. The ConnectorCard is a DCOA-subsidized debit card that is loaded with up to $100 per month, with each participant making contributions based on his/her income. The ConnectorCard provides seniors with choice as it offers the flexibility to access a broader range of transportation options without needing a reservation 24 hours or more in advance. In addition, Seabury Resources for Aging has received additional funding through a grant from the National Capital Region Transportation Planning Board to expand the ConnectorCard program.

Community Transitions
In FY15, DCOA's Aging and Disability Resource Center successfully expanded the community transition team that assists older adults and people with disabilities in their transition from long-term care settings back to the community. The program provides significant post-discharge case management services up to one year after the date of discharge to ensure sustained independence and quality of life. In November 2014, the District's Money Follows the Person Demonstration (formerly housed at the Department of Health Care Finance) merged with the DCOA Nursing Home Transition Program to create one unified entity: the Community Transition Team. The convergence of these two teams ensures more effective and streamlined management which has contributed to a higher number of transitions, improved utilization of housing vouchers in comparison to previous years, and improved inter-agency collaboration between DCOA and DHCF.

District of Columbia Office on Aging (DCOA)

Safe at Home Program

In FY16, DCOA and the Department of Housing and Community Development (DHCD) began to partner to develop and implement a new home adaptation program called Safe at Home. The program promotes aging-in-place for older adults (age 60 years and older) and people with disabilities (18 to 59 years old) by providing up to $10,000 in home accessibility adaptation grants to reduce the risk of falls and reduce barriers that limit 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 complete the recommended adaptations. DCOA plans to serve at least 100 District residents through the Safe at Home Program in FY16.

Money Smart for Older Adults

In FY15, DCOA successfully expanded the "Money Smart for Older Adults" pilot program, a training program offered through a formal partnership with the Federal Deposit Insurance Corporation and the Consumer Financial Protection Bureau. DCOA's Elder Abuse Prevention Committee (EAPC) successfully trained over 1,000 people in the Money Smart for Older Adults program. Training sessions for seniors were conducted at 27 locations across all eight Wards. In addition, the Money Smart for Older Adults training was included as an entire track of workshops at the Senior Symposium sponsored by the DC Office on Aging on May 13, 2015. EAPC members conducted the training and facilitated the sessions throughout the day and more than 195 seniors participated in the workshops. EAPC also hosted two "train the trainer" classes for social workers, case managers, and other volunteers who expressed interest in taking the class and conducting Money Smart for Older Adults workshops in the District. In FY 16, DCOA's goal is to train an additional 1,000 District seniors and caregivers using the Money Smart program.

Senior Villages

In FY15, DCOA partnered with Capital Impact Partners to successfully identify and deliver 20 hours of technical assistance each month to four villages, organize quarterly peer-to-peer knowledge exchanges building local leadership capacity, and produce the District's first "How to Start a Village" guide book entitled "Explore, Discover, Act: How to start a Village in the District of Columbia." DCOA engaged all nine established villages, four villages in development, business partners, and community leaders to strengthen relationships and develop clear lines of communication. In addition to the guide, DCOA is hosting a web-based, interactive map for residents to find a village in their neighborhood.

Benefits Check Up

In FY15, DCOA partnered with the National Council on Aging (NCOA) to customize their unique and widely used product, BenefitsCheckUp®, to the District. BenefitsCheckUp® offers a comprehensive, online service to screen seniors and people with disabilities for public benefit eligibility and access to local and federal programs. The tool caters to people with limited income. BenefitsCheckUp® includes more than 2,000 public and private

benefits programs from all 50 states and the District of Columbia. DCOA's customized version of the website went live at the end of FY2015 at www.BenefitsCheckUp.org/dcoa. DCOA developed and implemented a plan to inform and connect District residents to the new service.

17. **Please provide an update on the progress made in developing a comprehensive needs assessment as previously discussed in meetings with Councilmember Bonds.**

    DCOA released its Notice of Funding Availability (NOFA) on January 29, 2016 for the Needs Assessment and Feasibility Study. The Request for Application was released on February 3 and is posted on DCOA and the Office of Partnership and Grants websites. Applications for submission are due on March 9. The agency will be looking for the most qualified candidate to (1) plan and conduct a comprehensive assessment that identifies DCOA's needs to improve overall agency efficiency, (2) plan for and implement a sustainable approach towards establishing priorities and procedures for programs aimed at people 60 years and older, and (3) produce a master plan, using evidence-based strategies and programs towards plan implementation that will minimize District service overlaps, identify cost savings, and maximize services.

18. **Please describe any initiatives your agency implemented in FY15 or FY16, to date, to improve the internal operations of the agency or the interaction of the agency with outside parties. Please include a description of results or expected results of each initiative.**

    Medicaid-Funded Adult Day Health
    Since the summer of 2015, ADRC has worked closely with the DHCF to create an Adult Day Health Program (ADHP) enrollment process so DC residents receiving State Plan Medicaid or EPD Waiver who request, and are eligible for ADHP services, are able to enroll in a timely manner. As requested by DHCF, and to ensure ADHP attendees did not lose their ADHP Medicaid funding as of January 1, 2015, ADRC conducted enrollment activities with 100+ ADHP attendees in FY16 including 30+ in-person expedited enrollment visits in December, and obtained all necessary documentation for each of the referrals received.

    DCOA and DHCF have worked together to conduct community trainings on this new process to ensure professionals, Medicaid beneficiaries, and other stakeholders understand it; DCOA and DHCF meet weekly to discuss process improvements and data collection; and DCOA attends monthly ADHP provider meetings to ensure we are communicating well with the directors of the agencies that provide ADHP services.

    Elderly and Persons with Disabilities (EPD) Waiver
    DCOA is working in collaboration with our sister agencies to improve customer service to DC residents by streamlining the Elderly and Persons with Physical Disabilities (EPD) Waiver enrollment process and building understanding of the complex EPD Waiver 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

| Field Code Changed |

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 more than 1,000 referrals since June 1, 2015, when the new enrollment process began, and submitted more than 400 EPD Waiver applications to ESA.

DHCF and DCOA amended our memorandum of understanding twice in FY15 to increase the number of staff to focus on Medicaid Enrollment. As a result, in May 2015, ADRC hired five Medicaid Enrollment Specialists, one Medicaid Lead, and one Clinical Social Work Supervisor to assist with the expanded enrollment responsibilities. In September 2015, DHCF amended the MOU again to allow DCOA to hire three more Medicaid Enrollment Specialists and two more Information and Referral/Assistance (I&R/A) specialists. With the increased number of staff and responsibility, the Medicaid Lead position was transitioned to a Medicaid Enrollment Supervisor, and an I&R/A Supervisor was hired to help manage the unexpectedly high volume of EPD Waiver intakes.

Money Follows the Person

DCOA and DHCF amended a memorandum of understanding detailing changes to the conditions of the two agencies' agreement on community transition services through the Money Follows the Person (MFP) demonstration. One of the key changes was transitioning several MFP staff from their location at DHCF to DCOA. With the goals of streamlining the work effort of the District's two Community Transition teams (DHCF's MFP team and DCOA's Nursing Home Transition team), increasing the number of nursing home to community transitions, improving utilization of housing vouchers, and strengthening inter-agency collaboration between DCOA and DHCF, this MFP staff move was completed successfully in November 2014 with excellent results.

Since November 2014, ADRC managers have focused on merging the teams by working closely with the full Community Transition team to develop new case assignment procedures, offer new trainings, and conduct weekly team meetings to help with team building and professional development. Efforts have been successful. The Money Follows the Person (MFP) Demonstration exceeded the Center for Medicare and Medicaid's (CMS) 2015 calendar year benchmark (35 total transitions), by successfully assisting 36 seniors and adults with disabilities to transition from institutional settings back into the community. This is the first time in the history of the Demonstration that the CMS benchmark has been both met and exceeded by the District.

Nutrition Task Force

The Nutrition Task Force began in May 2015 to encourage discussion and transparency in decisions concerning DCOA's nutrition programs. DCOA invited representatives from the Senior Service Network and other public and private stakeholders, including sister agencies. Initially, the Task Force focused on improving the congregate and home-delivered meal programs. In August, the Task Force approved a city-wide priority scale used to categorize new referrals and current clients by their need and level of hunger risk. DCOA has used data

from this scale and feedback from the Task Force members to monitor the distribution of meal slots for both nutrition programs. Beginning in FY16, DCOA expanded the scope of the meetings to begin discussion of a larger strategy to identify and meet senior food needs in the District.

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. A grant from the U.S. Administration for Community Living in 2011 acted as the catalyst for establishing this service within the ADRC. Since its inception, Options Counseling has grown from two staff members providing Options Counseling as a distinct service, to a person-centered approach that all ADRC social work staff are trained on and use daily when working with their community transition, hospital discharge, and social work clients.

Transportation Collective

In FY16, DCOA began working with sister agencies to identify opportunities for greater collaboration and coordination around transportation services for District seniors and people with disabilities. The Transportation Collective is comprised of 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), Taxi Cab Commission, and Age-Friendly DC. The Transportation Collective will work to align eligibility criteria, provide consistent communication and outreach on transportation options, and identify gaps, if any, in transportation offerings for seniors and persons with disabilities

19. **Please provide a list of all studies, research papers, and analyses ("studies") the agency prepared, or contracted for, during FY15 and FY16, to date. Please state the status and purpose of each study.**

D.C. Senior Village Sustainability and Replication Initiative

In FY15, DCOA partnered with Capital Impact Partners to develop a comprehensive guide for people looking to start a new senior village in the District and established senior villages in the District interested in expanding. The guide includes lessons learned from providing technical assistance to the network of senior villages in the District and research of best practices around the country.

Guide is available at:
http://dcoa.dc.gov/sites/default/files/dc/sites/dcoa/service_content/attachments/Village_How_To_Guide_092715.pdf

DCOA Needs Assessment and Feasibility Study

District of Columbia Office on Aging (DCOA)

DCOA released its Notice of Funding Availability (NOFA) on January 29, 2016 for the Needs Assessment and Feasibility Study. The Request for Application was released on February 3 and is posted on DCOA and the Office of Partnership and Grants websites. Applications for submission are due on March 9. The agency will be looking for the most qualified candidate to (1) plan and conduct a comprehensive assessment that identifies DCOA's needs to improve overall agency efficiency, (2) plan for and implement a sustainable approach towards establishing priorities and procedures for programs aimed at people 60 years and older, and (3) produce a master plan, using evidence-based strategies and programs towards plan implementation that will minimize District service overlaps, identify cost savings, and maximize services.

See Attachment Q19 – NOFA and RFA for Needs Assessment

20. **Please list any new regulations for which the agency is responsible for oversight or implementation.**

    As the Department of Health Care Finance's (DHCF) authorized agent, DCOA is responsible for fulfilling new required activities under DHCF's adopted Chapter 97, Adult Day Health Programs (ADHP) Services, 29 DCMR§ 9709 (2016).

    Throughout FY15, DCOA worked closely with DHCF to develop a system of referral for ADHP enrollment. DCOA's responsibility as DHCF's authorized agent for conducting State Plan Medicaid Adult Day Health enrollment activities include:

    - Receiving referrals from Delmarva, DHCF's authorized agent for completing the initial assessment;
    - Completing in-person visit and person-centered service plan in accordance with federal regulations under 42 C.F.R. § 441.725(c);
    - Assisting beneficiaries in their selection of an ADHP provider;
    - Referring beneficiaries to other available services of his/her choice; and
    - Revising each beneficiary's person-centered plan upon annual reassessment or as needed based on changes in functional need.

21. **Did the agency meet the objectives set forth in the performance plan for FY15? Is the agency on track to meet objectives set forth in FY16? Please list all objectives in the agency performance plan FY15 and include narrative descriptions of what actions were taken for each objective or any reason why indicators were not met.**

    DCOA has fully or partially achieved 81% of the objectives set forth in the FY15 performance plan and is on track to meet its objectives for FY16. Attached is the Performance Accountability Report that lists all objectives and outlines; compares its actual performance results to performance goals; and provides explanations for the indicators that were not met in the FY15 plan.

<center>**District of Columbia Office on Aging (DCOA)**</center>

See Attachment Q21 - DCOA's FY 2015 Performance Agency Report

22. Please list and describe any ongoing investigations, studies, audits, or reports on your agency or any employee of your agency, or any investigations, studies audits, or reports on your agency or any employee of your agency that were completed during FY15 or FY16, to date.

Office of Inspector General Report – D.C. Office on Aging Senior Wellness Center Inspections

Between FY14 and FY15, the Inspections and Evaluations (I&E) Division of the Office of the Inspector General inspected all six (6) of the D.C. Office on Aging's Seniors Wellness Centers, including Bernice Fonteneau (Ward 1), Hattie Holmes (Ward 4), Model Cities SWC (Ward 5), and Hayes Senior Wellness Center (Ward 6), Washington SWC (Ward 7), Congress Heights SWC (Ward 8). OIG's objectives were to (1) assess the safety, security, cleanliness, and maintenance of each wellness center; (2) ascertain whether each wellness center is efficiently and effectively serving its target population; and (3) assess DCOA's oversight of each wellness center. The OIG reports provided recommendations for desired improvements and accessibility needs, which the agency is working with its sister agencies to address.

Reports are available online at: http://oig.dc.gov/service/oig-reports

23. Please identify any statutory or regulatory impediments to your agency's operations.

There are no statutory or regulatory impediments to the agency's operations.

24. Please list each contract, procurement, lease, and grant ("contract") awarded or entered into by your agency during FY15 and FY16, to date. For each contract, please provide the following information where applicable:
   a. **The name of the contracting party**
   b. **The nature of the contract, including the end product or service**
   c. **The dollar amount of the contract, including budgeted amount and actually spent**
   d. **The term of the contract**
   e. **Whether the contract was competitively bid or not**
   f. **How many bids were received**
   g. **The name of the agency's contract monitor and the result of any monitoring activity**
   h. **Funding Source**

   See Attachment Q24 – Contracts and Grants.

25. Please describe what MOUs are currently in place and any MOUs planned for the coming year.

<center>20</center>

See Attachment Q25 – MOUs.

26. What specific steps or actions were taken by DCOA in FY15 and FY16, to date, in preparation for the increased senior population that will occur over the next ten years?

Needs Assessment
In FY16, DCOA will be conducting a needs assessment and feasibility study to prepare for changing demographics in the senior population. This needs assessment and feasibility study will identify DCOA's needs to improve overall agency efficiency and will also support the agency in planning and implementing a sustainable approach to meet the needs of people age 60 years and older, while making recommendations on how to minimize District service overlaps, identify cost savings, and maximize services.

No Wrong Door
Over the next three years, a coalition of District agencies and community stakeholders will implement a plan to transform current Long-Term Service and Support programs and processes into a 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.

Age-Friendly DC
The Age-Friendly Initiative is part of an international effort started by the World Health Organization (WHO) to respond to two significant demographic trends: urbanization and population aging. The District's Age-Friendly Plan is a coordinated, comprehensive, and collective-action effort whose goal is to ensure that all DC residents are active, connected, healthy, engaged and happy in their environment. Strategies for implementation were divided into ten domains: 1) Outdoor Spaces and Buildings, 2) Transportation, 3) Housing, 4) Social Participation, 5) Respect and Social Inclusion, 6) Civic Participation and Employment, 7) Communication and Information, 8) Community Support and Health Services, 9) Emergency Preparedness and Resilience, and 10) Elder Abuse, Neglect and Fraud.

27. What are five goals DCOA has achieved in FY 15?

- DCOA established the Nutrition Task Force, which consists of 37 members, to develop and implement policy reforms and system changes within DCOA's nutrition program. The Task Force first met in May 2015 and focused on improving the congregate and home-delivered meal programs. Using data obtained through the What-a-Waste program, the Task Force developed a set of proposals to decrease food waste, improve systems of tracking, and better meet customer needs. In August, the Task Force approved a city-wide priority scale used to categorize new referrals and current clients by their need and level of risk. DCOA has used data from this scale and feedback from the Task Force members to monitor the distribution of meal slots for both nutrition programs. In FY16, DCOA expanded the scope of the Task Force to begin discussion of a multi-year plan to identify and meet senior food needs in the

District. The goal is to streamline processes and improve collaboration among agencies to increase food access for seniors.

- DCOA has strengthened its partnership with DHCF to ensure excellent collaboration on several topic areas, continuous enrollment process improvements, and transparency with beneficiaries, caregivers, professionals and other stakeholders. Together DCOA and DHCF have worked together to develop and implement enrollment processes for the Elderly and individuals with Physical Disabilities (EPD) Waiver and the Medicaid State Plan Adult Day Health Program.

- DCOA contracted with Capital Impact Partners to 1) provide four DC-based villages individual technical assistance; 2) provide tools, resources and peer-to-peer knowledge exchange opportunities to the entire DC-based village network; and 3) to develop a local "how to" guide to support organizations interested in replicating the village model. As part of this initiative, DCOA sought to better understand what the agency's role should be in supporting the villages in the District. DCOA identified how it could better support villages in the District through increasing awareness, leveraging partnerships, and building capacity. Villages are a critical partner in assisting District residents age in place by combating social isolation and providing support throughout the continuum of care.

- DCOA replaced "Call-N-Ride," a subsidized paper coupon system for low- to moderate-income residents, with a program called the ConnectorCard. ConnectorCard is a DCOA-subsidized debit card that is loaded with up to $100 per month, with each participant making contributions based on his/her income. ConnectorCard provides seniors with choice as it offers the flexibility to access a broader range of transportation options without needing a reservation 24 hours or more in advance.

- The Money Follows the Person (MFP) Demonstration exceeded the Center for Medicare and Medicaid's (CMS) 2015 calendar year benchmark (35 total transitions), by successfully assisting 36 seniors and adults with disabilities in transitioning from institutional settings back into the community. This is the first time in the history of the Demonstration that the CMS benchmark has been both met and exceeded in the District.[3]

28. What are five areas DCOA hopes to improve upon in FY16?

See Attachment 28 – DCOA's FY16 Performance Plan.

29. Please list and explain the five biggest challenges currently faced by D.C. seniors.

DCOA will be conducting a needs assessment and feasibility study to help identify senior needs in the District and how the District can best meet those needs. The successful applicant will also identify and analyze the District's demographic trends, which will help inform

---

[3] There were 27 transitions in calendar year 2014; 19 transitions in calendar year 2013; and 22 transitions in calendar year 2012.

service provision. Below are five issues that are frequently raised by advocates and community members that DCOA is collaboratively working with sister agencies and stakeholders to better identify need and service gaps, if any.

- Nutrition: DCOA has created a Nutrition Task Force to address concerns about food insecurity and access to healthy food options for District seniors. In FY2015, there was concern from DCOA's Lead Agencies that there was an increasing demand and need for home-delivered meals that wasn't being met. In response, the Nutrition Task Force created a prioritization scale to ensure that the seniors most in need of home delivered meals were being served. DCOA has also started a conversation with its grantees about how to better integrate its food programs – home delivered meals, congregate meals, senior farmer's market vouchers, and commodities supplemental food program – with the other DCOA services in order to better serve the whole person.

- Transportation: Having access to reliable transportation is a concern for many seniors. DCOA continues to innovate to meet the transportation needs of District seniors, evidenced by the creation of the ConnectorCard Program and coordinating the Transportation Collective in an effort to evaluate and align the transportation options in the District.

- Caregiver Support: Family and friends provide substantial support to seniors, and DCOA wants to ensure that it provides sufficient supports to the people who provide caregiver services to District seniors. DCOA has piloted programs to provide caregiver support and will continue to consider how best to support this important group.

- Income: As the cost of living continues to increase in the District, sustainable income remains a concern for seniors. DCOA addresses this by providing an array of services for District seniors. These services provide a considerable cost savings to participants, but DCOA continues to evaluate its customer service and the ability of seniors to access services.

- Aging-in-place: For many seniors, their primary desire is to be able to live in their homes for as long as they safely can. DCOA has partnered with DHCD to create a new grants program that provides up to $10,000 for accessibility modifications called Safe at Home. DCOA will continue to evaluate what will allow seniors to age in place safely and how to creatively meet that need.

    a. **Are these challenges different than a year ago? Why?**
    No, advocates and community members have raised these issues consistently, and DCOA is partnering with the community to have sufficient data to identify the scope of these or other issues and service gaps, if any.

    b. **Does the DCOA's Plan for Seniors adequately address these challenges? Why or why not?**

    DCOA's plan for seniors adequately addresses these challenges. The agency is in the process of evaluating current programs, including identifying the needs that programs are intended to meet. DCOA is also strengthening the grantee network to improve

service provision and provide more consistency to seniors across the District. Additionally, DCOA is working collaboratively with its sister agencies to identify needs, gaps, if any, and aligning programs as needed to increase efficiencies and reduce service duplication.

30. Have there been any changes in how requests for assistance are tracked for various DCOA-funded programs?
   a. What is the rate of growth of demand? (include specific figures)
   b. What programs are most needed? (Include specific number of requests)

DCOA has implemented significant programmatic changes to better identify the needs of seniors, people with disabilities, and their caregivers. DCOA has been working to improve data collection and tracking through modified intake procedures, increased staff training, and amended data tools to collect more granular data.

DCOA continues to work within the agency and with its SSN to evaluate and ensure that it tracks the data needed to ensure all of its programs are adaptive to the needs of the community, making adjustments as needed.

The programs most accessed are home delivered meals, congregate meals, and transportation. Usage rates per fiscal year are in Attachment Q21 – DCOA's FY 2015 Performance Agency Report. Usage rates for the first quarter of fiscal year 2016 are in Attachment Q30 – DCOA's first quarterly report to the Council.

31. How many calls did the Housing Coordinator within DCOA's ADRC receive?
   a. Are the calls received by the Housing Coordinator categorized by the type of request?
   b. If the calls received are categorized, please provide a statistical break down of the total calls received by the Housing Coordinator.

The Housing Coordinator has connected with 4,028 individuals seeking housing assistance from DCOA via phone and email. The requests for assistance were not categorized by type in FY15, but they included:

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

DCOA began categorizing housing requests in FY16.

District of Columbia Office on Aging (DCOA)

32. What were the results of the report on the ADRC, which was funded through the U.S. Administration for Community Living's Strengthening ADRC Grant? Please provide a copy of the report.

The ADRC hired a consultant, Campbell and Company, to develop and conduct an anonymous customer satisfaction survey to measure quality of care and cost effectiveness of DCOA's ADRC services. The consultant developed and implemented a comprehensive ADRC customer satisfaction survey tool (see attached) that captured comprehensive customer feedback on many aspects of ADRC service delivery. The goal of the customer satisfaction survey was to capture information on programs and services associated with the ADRC to help improve the quality of services and supports to DC residents, while maintaining maximum visibility, trust, ease of access, responsiveness, efficiency, and effectiveness.

Campbell and Company administered the complete qualitative survey tool via telephone to 100 respondents, 50 were adults age 60 years of age and older, 25 were people with disabilities and 25 were caregivers. Data was collected from these three groups of people who had received assistance from ADRC within the last six months. Campbell and Company recruited participants from a 2,677-person list provided by ADRC, and including an intentional percentage of clients who were assisted by ADRC staff in each service area: Information and Referral/Assistance, Community Social Work, Community Transitions (nursing facilities and hospitals), and the Senior Employment and Training Program.

The consultant prepared a comprehensive report on the customer satisfaction survey findings, which will be used as a benchmark for the ADRC's improvement over time. The key findings from the customer satisfaction survey are summarized as follows:

1. Sources of Referrals to ADRC: Most people were introduced to ADRC through friends (21 percent) followed by other sources, such as Fire and EMS, and word of mouth. Social service agencies were another important source of information (e.g., AARP, United Planning Organization and the Mayor's Office on Returning Citizens Affairs) in addition to the media, social workers/case managers and healthcare providers.

2. Person Requiring Assistance: The majority of participants initially contacted ADRC to obtain services for themselves (73 percent), closely followed by calls to obtain services for a parent (12 percent), or a family member (8 percent). Only 2 percent contacted ADRC to request services for a child.

3. Overall Satisfaction with Response Time: 73 percent of the participants "agreed" or strongly agreed" that ADRC staff were responsive to their request. 23 percent disagreed or strongly disagreed and 4 percent did not know or could not remember.

4. Satisfaction with Initial Information Received: 71 percent agreed or strongly agreed that ADRC provided the correct information the first time they called. In contrast, 19 percent either disagreed or strongly disagreed.

5. Staff Knowledge and Interpersonal Skills: Participants provided the most favorable ratings when describing their communication with staff. In particular, 81 percent agreed that ADRC

staff were both knowledgeable and helpful. This climbed to 89 percent when asked if they were treated with respect and courtesy; and 84 percent of respondents found staff attentive when discussing their needs.

6. Consideration of Opinions: The numbers dipped when asked if ADRC staff considered their preferences before recommending services, with only 67 percent agreeing or strongly agreeing. In this instance 21 percent disagreed, while none of the participants strongly disagreed.

7. Reasons for Contacting ADRC: The two most common reasons for calling ADRC were the need for in-home care (37 percent) and requests for employment and training assistance (17 percent).

At the end of each survey interview, Campbell and Company staff about inquired whether the participant was interested in being part of a follow up focus group. Additionally, if they gave negative feedback about their customer service experience, they were asked whether they would like a call-back from the ADRC. ADRC managers returned the calls of clients who were not satisfied to ensure their concerns were promptly addressed.

ADRC managers have taken the above findings into account in the development of performance goals for FY2016, and will complete this qualitative survey again in 2016 to measure weather related training, supervision, outreach, program and system updates improve the reported customer experience.

See Attachment Q32 - Campbell & Company Report.

33. How many clients were provided services in FY15?

    a. How many clients were Seniors?
        In FY15, DCOA served 17,610 seniors.
    b. How many clients had intellectual or developmental disabilities?
        DCOA only tracks how many people with disabilities, ages 18-59, are provided services – not the specific disability itself. In FY15, DCOA served 1,375 people with disabilities.
    c. How did these numbers compare to FY14?
        In FY14, DCOA served 17,856 seniors.

34. 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 FY15:

Service	Number Served
Community Transitions	242
Employment	522
Hospital Discharge Planning	170
Housing Coordination and Resources	4028
Information and Referral/Assistance	4761
Long Term Care Options Counseling	915
Medicaid Enrollment: EPD Waiver	2580

See Attachment Q34 – All Unit Services from CSTARS.

35. Please describe the programs that have had waiting lists in FY15 and FY16, to date.
   a. Please provide an explanation for each waiting list.

   DCOA has no waiting lists.

   b. What steps are currently being taken by DCOA to minimize or eliminate waiting list?

   DCOA does not maintain waiting lists for any of its services.

   c. What information is provided to people on wait lists? Are there any referrals made?

   N/A

   d. How is information about waiting lists tracked and reported to the public?

   N/A

   e. Do all agencies keep a waiting list when services are at capacity?

   Each agency manages the requests they receive. DCOA has worked with the grantees in prioritizing for certain programs and has asked grantees to reach out to DCOA when services are needed beyond the current scope of the programs.

    f.   **Are there any programs that will be held harmless and not permitted to begin waiting lists?**

    N/A

36. How many home meals were provided in FY15 and FY16 to date?
    a.   **Provide the number of home-delivered meals with a breakdown by Ward**

46a	Home-Delivered Meals Served	
Ward	**FY15**	**FY16 Q1**
1	49,469	10,147
2	40,969	9,923
3	51,674	11,839
4	62,087	17,932
5	117,879	28,936
6	76,854	17,764
7	209,352	43,724
8	99,033	22,908
Total	707,317	163,173

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

46b	HDM Clients Served	
Ward	**FY15**	**FY16 Q1**
1	278	194
2	212	151
3	155	136
4	355	246
5	423	343
6	331	280
7	858	609
8	384	298
Total	2,996	2,257

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

46c	Congregate Meals Served	
Ward	**FY15**	**FY16 Q1**
1	76,484	17,933
2	57,444	14,064
3	11,734	2,136
4	33,595	8,776
5	70,531	18,151
6	37,861	8,920
7	28,346	6,826
8	32,753	7,870
Total	348,748	84,676

d. **Provide the list of congregate meal sites by Ward.**

See Attachment Q36d –Congregate Meal Sites

37. How many clients received transportation services in FY15 and FY16 to date?

	FY15 TOTAL	
	Clients	Trips
Medical	**2,161**	**62,593**
Day Care	**96**	**26,221**
Group Trips	**1,714**	**28,518**
Wellness	**379**	**52,331**
TOTAL	**4,350**	**169,663**

	FY16 Q1 TOTAL	
	Clients	Trips
Medical	**1,215**	**18,992**
Day Care	**108**	**8,956**
Group Trips	**649**	**7,901**
Wellness	**235**	**19,262**
TOTAL	**2,207**	**55,111**

District of Columbia Office on Aging (DCOA)

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

The technology system used by the grantee did not have the ability to capture ride data by Ward. Seabury moved to a new technology system in 2015 allowing the information to be collected beginning FY16.

TRANSPORTATION SERVICES FY16 Q1

	Ward 1		Ward 2		Ward 3		Ward 4	
	Clients	Trips	Clients	Trips	Clients	Trips	Clients	Trips
Medical	106	2,152	44	852	35	541	151	2,649
Day Care	16	1,508	4	274	12	1,116	40	3,237
Group Trips	78	886	84	1,196	9	86	88	1,840
Wellness	29	2,660	6	500	6	577	37	3,173
TOTAL	**229**	**7,206**	**138**	**2,822**	**62**	**2,320**	**316**	**10,899**

	Ward 5		Ward 6		Ward 7		Ward 8	
	Clients	Trips	Clients	Trips	Clients	Trips	Clients	Trips
Medical	232	3,536	148	2,191	276	4,295	199	2,776
Day Care	25	1,988	4	460	4	234	2	139
Group Trips	116	1,228	94	806	89	1,030	95	880
Wellness	13	1,374	23	2,086	87	6,338	30	2,554
TOTAL	**386**	**8,126**	**269**	**5,543**	**456**	**11,897**	**326**	**6,349**

38. P**lease 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.**

    See Attachment Q34 – All Unit Services from CSTARS.

39. **Please provide the standards used by DCOA in making decisions to award grants and contracts. Please include any new changes from FY15. Have these standards been reviewed by the Commission on Aging?**

    Procedural standards for the award of DCOA grants are set forth in the DCOA Grants and Policy Manual and Requests for Applications issued for designated programs and services. DCOA keeps the Commission informed of the status of grant awards for its programs and services and the Grants and Policy Manual is readily available to the Commission.

    See Attachment Q39 – Citywide Grants Manual and Sourcebook.

40. **What is the process for evaluating cost, effectiveness, and efficiency of contracts? Please provide a copy of the annual evaluation of contractors providing service in FY15 and FY16.**

District of Columbia Office on Aging (DCOA)

DCOA evaluates cost, effectiveness, and efficiency of contracts by employing several business methodologies and tracking tools. To evaluate cost, the agency works with the Office of Contracts and Procurements (OCP) to conduct market research that analyzes the cost of services and materials for the acquisitions it seeks to procure. The results of the market research are compiled into an independent government estimate (IGE) that provides the fair and reasonable price for a product or service. With this knowledge, OCP ensures that there is sufficient competition from available suppliers and compares pricing against the IGE and other offers and bids to further safeguard that the agency procures services and products that meet a cost reasonableness criteria.

To evaluate efficiency, OCP completes performance evaluations with varying frequency (monthly, quarterly, and annually). The evaluations of the vendor's past performances are used to review future proposals to DCOA's solicitations.

DCOA measures the effectiveness of contracts by ensuring that providers meet contract requirements, which are designed to meet customer needs through the delivery of services. The agency's Program Managers use cost-benefit analyses to compare the relative costs to the program outcomes, e.g., number of constituents served, fed, transported, etc. However, cost is not the only factor that is reviewed. The agency also takes into account community impact, especially if it's a life sustaining service.

Furthermore, DCOA and OCP's Contract Administrators (CA) receive monthly invoices and work together to ensure that the agency is being charged appropriately and that contracted services are delivered. Additionally, there are customer satisfaction surveys, site visits (announced and unannounced), regular programmatic and financial meetings between the contractor and CA, monthly programmatic and financial reports, food site inspections, investigations of customer complaints and daily communication between contractors and CA.

DCOA works with OCP's staff to ensure that contracting actions are standardized and meet contracting requirements.

See Attachment Q40 – Contractor Performance Evaluations.

41. How frequently are evaluations of grantees and their services these conducted? Are these evaluations discussed with the grantees? Please provide a copy of the evaluation criteria.

Evaluations are performed quarterly using the DCOA Scorecard. Initial and exit interviews are conducted with grantees during each quarterly site visit. DCOA grant monitors also conduct unannounced site visits. Corrective action findings or recommendations are forwarded to grantees and a written response of corrective actions or remedies are due within 20 business days upon receipt of the correspondence.

See Attachment Q41- Blank Score Card.

District of Columbia Office on Aging (DCOA)

42. Describe your process for distribution of funding to grantees in FY15 and FY16, what, if any, changes have been made to the process in the past year.

The Programs and Grants Team is responsible for conducting competitive grant processes as well as monitoring the continuation grants. Grant distribution is based on merit of the application and prior performance. In FY 2016, DCOA will continue to evaluate its grant processes and will make improvements as needed to meet programmatic needs.

See Attachment Q39 – Citywide Grants Manual and Sourcebook.

    a. How quickly do grantees typically get reimbursed for services?

All District payments are due 30 days from the date of the submission of the complete invoice. On average, DCOA grantees are paid within 10-20 business days of invoice receipt.

    b. Please provide all reimbursement rates for services for each FY since FY10.

See Attachment Q42b – Reimbursement Rates FY10 – FY16