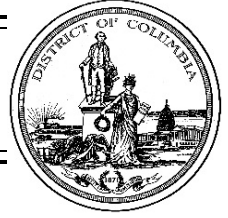

OFFICE OF AT-LARGE COUNCILMEMBER ANITA BONDS
CHAIR, COMMITTEE ON EXECUTIVE ADMINISTRATION & LABOR



January 15, 2026

Director Charon P.W. Hines
Department of Aging and Community Living
500 K Street, NE
Washington, DC 20002

Dear Director Hines:

The annual performance hearing for the **Department of Aging and Community Living** is scheduled for **Thursday, February 19th, 2026, beginning at 9:30am**. The hearing will begin with public testimony and followed by government witness(es). Please plan to arrive in time to listen to the entirety of the public testimony presented with respect to the agency. Pursuant to Council rule 522(a), we ask all executive witness(es) to submit their hearing testimony 48 hours in advance of their performance oversight hearing.

As a reminder, the Council has the authority to create, abolish, or organize any office, agency, department, or instrumentality of the government of the District and to define the powers, duties, and responsibilities of any such office, agency, department, or instrumentality¹. The Council also adopts the annual budget for the District of Columbia government². As such, the performance oversight process is not only mandatory, but necessary to maintain our government. Written pre-hearing questions for your agency are attached. Please provide **five hard copies** of your responses as well as electronic versions in Microsoft Word and PDF format **by no later than 5:00 PM on Thursday, February 12th, 2026**.

Please note that 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 any clarification of the attached questions, please contact Andrew Martell at amartell@dccouncil.gov. Thank you in advance for your timely and comprehensive response.

Sincerely,

A handwritten signature in black ink, appearing to read "ANB".

Anita Bonds
At-Large Councilmember
Chairperson, Committee on Executive Administration and Labor

¹ D.C. Code § 1-204.04(b)

² D.C. Code § 1-204.46(a)

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I. Standard Questions

A. Governance and Personnel

1. Please provide a current organizational chart for the agency, including the number of vacant, frozen, and filled positions in each division or subdivision. Include the names and titles of all senior personnel and note the date that the information was collected on the chart.

Please see Attachment Q1 – DACL Organizational Chart.

- a. Please provide the number of divisions or bureaus within your agency, the number of staff in each division, the lead personnel of each division and their contact information, and the lead personnel's tenure in that division.

DACL has five major Program areas within the agency that consists of the following:

Office of the Director

The Office of the Director provides the vision, planning, and leadership for the Department of Aging and Community Living (DACL), including executive management, policy, human resources, legal, strategic and financial planning, communications, and resource management. The office also manages, leads, and directs all programs, support and services of DACL. Additionally, the office 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 outlined in DACL's State Plan.

Lead: Charon P.W. Hines, Director, charon.hines@dc.gov (Tenure: 3 years)

Number of Staff: 11

Operations Division

The operations division provides oversight and management of key agency functions in budget and performance management, finance and invoicing and administrative support services.

Number of Staff: 9

Budget and Finance

The budget and finance team develops, maintains, and monitors the agency's budget and invoices 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.

Number of Staff: 9

Lead: Regat Hagos, Chief Operating Officer, regat.hagos@dc.gov (Tenure: 11 years 8 months)

Clinical Services Division

The clinical services division is one of the direct service arms of DACL. This division includes DACL's Case management, Adult Protective Services, Community transition and Medicaid Enrollment.

Adult Protective Services

The adult protective services division investigates reports of alleged cases of abuse, neglect, and exploitation by third parties, and self-neglect of vulnerable adults 18 years of age or older. APS implements protective services to reduce or eliminate the risk of abuse, neglect, self-neglect, and exploitation. The APS unit also houses DACL's Dementia Coordinator who works with communities and families to educate on, and navigate ADRD concerns

Number of Staff: 19

Case Management Services

The case management unit helps seniors 60 and over, adults with disabilities 18-59, and their caregivers improve their quality of lives by providing connection to long-term services and supports; along with managing our heavy housing cleaning program. Case managers may provide direct consultation to families and communities, advocate on their behalf to community organizations or other health professionals. Our housing coordinator provides housing information and support and collaborates with community partners.

Number of Staff: 21

Community Transition

The community transition unit assists and empowers seniors who want to move from a nursing facility, or rehabilitation center back to the community to age in place.

Number of Staff: 15

Medicaid Enrollment

The Medicaid enrollment services team provides information about eligibility and enrollment in the Elderly and Persons with Physical Disabilities (EPD) Waiver. The EPD Waiver provides District of Columbia Department of Aging and Community Living home- and community-based long-term care services, as an alternative to institutionalized care. This team aids with application, submission, and linkage to EPD Waiver case management. ADRC has one staff member dedicated to the State Plan Medicaid Adult Day Health Program (ADHP) enrollment. ADHP enrollment consists of receiving and processing ADHP referrals from Department of Health Care Finance (DHCF) providers and completing a Person-Centered Plan for each interested ADHP applicant.

Number of Staff: 8

Lead: Joan Williams, Clinical Services Officer, joan.williams@dc.gov (tenure: 2 years 4months)

External Affairs and Communications (EAC) Division

The External Affairs and Communication (EAC) team is charged with providing information about the events and activities of DACL to residents of the District of Columbia through a variety of channels, paid and earned media, community outreach, special events, campaigns, and social media engagement. Additional responsibilities include monitoring performance measures, 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. This includes developing, directing, coordinating, and administering policies relating to all the agency's internal and external communications. The team manages all press inquiries and oversees the informational content provided on the agency's website and social media sites.

Number of Staff: 8

Lead: Angela Richardson, Chief of Staff, angela.richardson1@dc.gov (Tenure: 6 years)

PROGRAMS DIVISION

Chief Programs Officer provides oversight and management of key agency programs in programs and grants, Entry services, Information & Referral, State Health Insurance Program, and Nutrition Services.

Programs & Grants

The programs division oversees the programmatic and fiscal efficiency of senior services provided through DACL grants and contracts. This includes effective planning, developing, coordinating, and implementation of programs and services to ensure a continuum of services are available for District seniors, adults with disabilities, and caregivers. This team monitors DACL's Senior Service Network (SSN) composed of 20 community-based, non-profit, and private organizations that operate 40 programs for the District's older adult residents in all eight wards. These programs support a broad range of legal, nutrition, social, and health services for older adults as well as support programs for caregivers.

Number of Staff: 6

Entry Services - Aging and Disability Resource Center (ADRC)

ADRC provides information and referral services, by phone and in person, for individuals seeking information about long term services and support for seniors and adults with disabilities. ADRC includes the following teams:

Information and Referral/Assistance (IR&A)

The IR&A team staffs the call center and provides information on programs and services available in the District and makes referrals as appropriate.

Number of Staff: 10

State Health Insurance counseling Project (SHIP)

SHIP provides free health insurance information, education, and counseling services to Medicare beneficiaries. In addition to assistance with health insurance issues, SHIP also assists seniors with resolving unpaid medical bills and resolving pharmacy issues.

Number of Staff: 4

Nutrition Services

Nutrition Services provides District residents 60 years older with nutrition assessments and referrals to DACL's nutrition programs designed to serve seniors through DACL's community dining, home-delivered meals, or one of DACL's food programs used to support food insecure residents. The unit also helps to provide individualized nutrition counseling and education programs.

Number of Staff: 11

Lead: Melanie Johnson, Chief Program Officer, melanie.johnson@dc.gov (Tenure – 3 years 6 months)

b. Please provide an explanation of the roles and responsibilities of each division and subdivision.

Please see responses to Question 1a.

c. Please provide a narrative explanation of any changes to the organizational chart made during the previous year.

There were no changes to the organization chart made from the previous year.

2. Please provide a current Schedule A for the agency which identifies each position by program and activity, with the employee's title/position, salary, fringe benefits, residency status, and length of time with the agency. Please note the date that the information was collected. The Schedule A should also indicate if the position is continuing/term/temporary/contract or if it is vacant or frozen. Please separate salary and fringe and indicate whether the position must be filled to comply with federal or local law.

Please see Attachment Q2 - Schedule A.

3. Please list all employees currently detailed to or from your agency. For each detailed employee, include:
 - a. The reason for the detail;
 - b. The job duties if detailed to your agency;
 - c. The start date of detail;
 - d. The agency the employee is detailed to/from; and
 - e. The projected date of return.

DACL does not have any employees detailed to or from the agency.

4. Please provide the Committee with:
 - a. A list of all employees who received or retained cellphones, personal digital assistants, or similar communications devices at agency expense in FY25 and Q1 of FY26;
Please see Attachment Q4a – FY25 Employee Devices and FY26 Q1 Employee Devices
 - b. A list of monthly costs for cell phones, tablets, and laptops;
Please see Attachment Q4b – Monthly Costs
 - c. A list of all vehicles owned, leased, or otherwise used by the agency and to whom the vehicle is assigned in FY25 and Q1 of FY26;
Please see Attachment Q4c – Vehicle List
 - d. A list of travel expenses, arranged by employee for FY25 and Q1 of FY26, including the justification for travel; and
Please see Attachment Q4d – FY25 and FY26 Q1 Travel Expenses
 - e. A list of the total workers’ compensation payments paid in FY25 and Q1 of FY26, including the number of employees who received workers’ compensation payments, in what amounts, and for what reasons.

Reason for payment: Injury to hand; Medical & Physical Therapy

Workers’ Compensation	Financial Category		
One Employee	Medical	Indemnity	Total
Fiscal Year			\$1,837.92
FY 2025	\$1,837.92	\$ 0	\$1,837.92
FY 2026	\$ 0	\$ 0	\$ 0
Total	\$1,837.92	\$ 0	\$1,837.92

5. Please list all memoranda of understanding (“MOU”) entered into by your agency during FY25 and Q1 of FY26, as well as any MOU currently in force. For each, indicate the date on which the MOU was entered and the termination date.
Please see Attachment Q5 – FY25 & FY26 Q1 Intra-District Transfers
6. Does the agency have independent contracting authority? If so, please provide a chart detailing the active contracts the agency entered, the date the contract was entered into, dollar amount, contracting entity, contract expiration date, purpose, and option years.
DACL doesn’t have independent contracting authority.
7. Please provide a complete, up-to-date list of contract workers working directly for your agency, ordered by program and activity, and including the following information for each position:
 - a. Title of position;

- b. Indication that the position is filled or vacant;
- c. Date employee began in the position;
- d. Whether the position must be filled to comply with federal or local law;
- e. If applicable, the federal or local law that requires the position be filled;
- f. The entity from which they are contracted; and
- g. The contracted annual cost.

DACL does not have any contract workers.

8. Please provide, for each month of FY25 and Q1 of FY26, the net number of personnel separated from and hired to the agency.

Please see Attachment Q8 – Employees Separated and Hired for FY25 and FY26 Q1.

B. Government Operations

9. Please provide a list of programs, initiatives, activities conducted by the agency in FY 25 to support the Mayor’s Grow DC plan.

FY2025 – Fair Shot Budget

As part of the FY2025 Fair Shot Budget, Mayor Bowser made targeted investments to enhance safety, support, and community engagement for older residents:

- *\$750,000 to expand the **Safe at Home program**, providing in-home adaptations to reduce the risk of falls and help seniors age safely in place. This investment supported 659 residents in FY25.*
- *\$450,000 to support the **Dementia Navigators program**, which connects older adults living with dementia to community resources, offers education, and assists with managing behavioral symptoms. In FY25, this program supported 2,000 seniors and their caregivers navigating the challenges of Alzheimer’s Disease and Related Dementias (ADRD).*
- *\$350,000 to increase funding for **Senior Villages**, neighborhood-based organizations that help seniors access resources so they can continue living safely, comfortably, and actively in their homes.*

FY2026 – Grow DC Budget

Building on these efforts, the Mayor’s Grow DC Budget for FY2026 includes additional investments to further strengthen programs for seniors:

- *\$300,000 enhancement to the **Safe at Home program**, which will enable DACL to support an additional 45 households with in-home safety modifications.*
- *\$425,000 to expand DACL’s **Home Delivered Meals program**, supporting approximately 150 homebound seniors with access to nutritious meals.*

10. Please provide a chart of agency programs conducted during FY25. Include the following:

- a. Initiation date;
- b. Number and grade of FTEs assigned;
- c. Program manager;
- d. Total budget expenditure for the program (e.g. FTE salaries, materials, etc.); and

- e. Outcomes from implementation (e.g. policy changes, program continuation, public support comments, etc.)

Please see Attachment Q10 – Agency Program Priorities

11. Please provide a chart showing the agency’s program priorities for FY25 and FY26.

Include the following:

- a. Staffing numbers;
- b. Expenditure;
- c. Community outreach activities; and
- d. Measurable outcomes or metrics associated for each priority.

Please see response to Q10.

12. Please provide a copy of your agency’s approved FY26 performance plan as submitted to the Office of the City Administrator, including approved goals, objectives, timelines, planned program and projects, anticipated FTE allocation and expenditure, and metric outcomes to be analyzed.

Please see Attachment Q12 – FY26 Performance Plan

13. Please provide a copy of the agency’s FY25 Performance Accountability Report of strategic objectives, indicate if key performance indicators were met, and with which other government agency was the report filed.

Please see Attachment Q13 – FY25 Performance Accountability Report

14. Describe problems and challenges, including chronic maintenance issues and design flaws, in agency-owned or leased facilities.

The Wellness Centers face ongoing challenges due to aging infrastructure. Many buildings are outdated, with HVAC systems that frequently break down and fail to provide reliable heating and cooling. Plumbing issues, including leaks, clogged pipes, and restroom failures, occur regularly. Roofing problems such as leaks and water damage are common, along with door malfunctions and non-accessible entrances that compromise safety and security. Overall, the building designs do not meet current program needs, making maintenance difficult and causing disruptions to daily activities and services.

15. Please provide the following information regarding capital projects:

- a. A list of all capital projects in the financial plan.

Please see responses to Questions 15b and 15c.

- b. For FY23, FY24, FY25, and Q1 of FY26 an update on all capital projects under the agency’s purview, including a status report on each project, an explanation of any delays, the timeframe for project completion, the amount budgeted, actual dollars spent, and any remaining balances, to date.

In FY19, \$1.5 million was allocated within DACL’s capital budget for the expansion of the Model Cities Senior Wellness Center (Ward 5) and the Congress

Heights Senior Wellness Center (Ward 8). DGS and DACL collaborated with participant task forces at both centers to finalize the designs for each site.

In FY20, due to the COVID-19 pandemic, the expansions were put on hold but have since resumed. As a result of volatile market conditions stemming from the pandemic, the agency, in coordination with the Mayor's budget team, allocated an additional \$500,000 to fully fund the Model Cities project and \$132,911 to complete the Congress Heights project.

The Congress Heights Senior Wellness Center renovation was completed in summer 2023, and the Model Cities Senior Wellness Center was completed in winter 2024. There is no remaining balance for these projects, as all funds have been fully utilized to finish both expansions.

- c. An update on all capital projects planned for FY26, FY27, FY28, and FY29. *In FY18, Mayor Bowser announced an \$11.4 million investment for a new senior wellness center in Ward 8. In FY19, the project was moved up in the capital schedule; however, due to the COVID-19 pandemic, construction was put on hold. Work on the project has since resumed.*

DGS and DCPS, in consultation with DACL, selected a site next to Kramer Middle School in Fairlawn. DGS awarded the Architect/Engineer (A/E) contract to Perkins Eastman and Salvi. The design of the center has been completed, and community engagement continued through FY24.

In FY24, the budget was increased to \$12,240,027, and in FY26, the project received an additional \$7.2 million, bringing the total capital budget to \$20 million. The new Ward 8 Senior Wellness Center is currently in the procurement process for a general contractor, which is expected to be completed in spring 2026. Construction is scheduled to begin in spring 2026 and conclude in spring 2027.

To date, \$1,894,059.71 has been spent, obligated, or committed to the project, leaving \$18,471,306.22 remaining to fund completion.

- 16. A description of whether the capital projects began, in progress, or concluded in FY23, FY24, FY25, or Q1 of FY26, had an impact on the operating budget of the agency. If so, please provide an accounting of such impact.

The capital projects have not had an impact on the programmatic operations of DACL.

- 17. What capital or operating projects arose from these issues in FY25 and FY26, including cost and actions taken?

Please see responses to Questions 15c.

- 18. Please provide the number of FOIA requests for FY25 and Q1 of FY26, that were submitted to your agency. Include the number granted, partially granted, denied, and

pending. In addition, please provide the average response time, the estimated number of FTEs required to process requests, the estimated number of hours spent responding to these requests, and the cost of compliance.

FY25 FOIA Requests	
Number of requests submitted	10
Number of requests granted	2
Number of requests partially granted	0
Number of requests denied	8
Number of requests pending	0
Average response time	9.5 days
Estimated number of FTEs to process requests	1
Estimated number of hours spent responding to requests	12
Cost of compliance	\$876.00

FY26 Q1 FOIA Requests	
Number of requests submitted	6
Number of requests granted	0
Number of requests partially granted	0
Number of requests denied	6
Number of requests pending	0
Average response time	8 days
Estimated number of FTEs to process requests	1
Estimated number of hours spent responding to requests	5.5
Cost of compliance	N/A

19. If there are any boards or commissions associated with your agency, please provide a chart listing the names, confirmation dates, terms, wards of residence, and attendance of each member. Include any vacancies. Please also attach agendas and minutes of each board or commission meeting in FY25 and Q1 of FY26, if minutes were prepared. Please inform the Committee if the board or commission did not convene during any month.

Commission on Aging Voting Members <i>as of January 31, 2026</i>				
First Name	Last Name	Term Ends	Ward	Appointment Authority
Kyle	McGregor	10/28/2027	2	Mayor
Maria	Anderson	10/28/2026	1	Mayor
Edgar	Sheppard	10/28/2027	5	Mayor
Barbara	Hirsch	10/28/2028	2	Mayor
Reginald	Watson	10/28/2028	4	Mayor

Frances	Johnson	10/28/2026	5	Mayor
Karen	Zuckerstein	10/28/2026	3	Mayor
Charles	Hicks	10/28/2026	6	Mayor
Roxeanne	Moreland	10/28/2026	8	Mayor
Jeannette	Mobley	10/28/2028	5	Mayor

For minutes and agendas, please refer to Attachment Q19 – COA Meeting Minutes and Agendas.

20. Please provide a list of any additional training or continuing education opportunities made available to agency employees. For each additional training or continuing education program, please provide the subject of the training, the names of the trainers, and the number of agency employees that were trained.

Please see Attachment Q20 – Training and Continuing Education

21. Please describe the agency’s customer feedback and public engagement. How does the agency solicit feedback from members of the public (i.e., District residents served)? What has the agency learned from this feedback?

Please see Attachment Q21 - Agency Solicitation for Feedback

C. Data

22. In filterable and sortable spreadsheet, please list all electronic databases maintained by your agency, including the following:

- a. A detailed description of the information tracked within each system;
- b. The age of the system and any discussion of substantial upgrades that have been made or are planned to the system; and
- c. Whether the public can be granted access to all or part of each system.

DAFL uses two databases, QuickBase and Client Services Tracking and Reporting System (CSTARS), to review data and track measures.

Customer Service Tracking and Reporting System (CSTARS)

- *CSTARS is used to track Notification of Grant Awards, service utilization, client demographics, and Information Referrals and Assistance calls.*
- *The database was created and implemented in October 2007 and software upgrade almost every other year to strengthen the system features.*
- *The public does not have access to the system.*

Quickbase

- *Quickbase is used to track client name, address, and service utilization for Frail home-delivered meals.*
- *The database was created and implemented in October 2007. No upgrades have been made or planned.*
- *The public does not have access to system due to privacy concerns.*

23. Provide a list of all publications, brochures and pamphlets prepared by or for the agency during FY25 and Q1 of FY26. Please provide copies.

Please see Attachment Q23 – Agency Activities and Transparency

24. Please provide a list of all studies, research papers, reports, and analyses that the agency prepared or contracted for during FY25 and Q1 of FY26. Please state the status and purpose of each. Please submit a hard copy to the Committee if the study, research paper, report, or analysis is complete.

DACL has not prepared or contracted for any studies, research papers, reports, and/or analyses during FY25 and Q1 of FY26.

D. Laws, Audits, and Reports

25. Please list any legislation that impacts your agency from the prior two fiscal years and provide a status report on the agency’s implementation related to each piece of legislation.

DACL has not been impacted by any legislation passed at the District level during FY24 and FY25.

26. Please identify any legislative changes that would enable the agency to better meet its mission.

There are no legislative changes needed to better meet DACL’s mission.

27. Please list all reports or reporting currently required of the agency in the District of Columbia Code or Municipal Regulations. Indicate the following:

- a. Report due date;
- b. If the agency complied;
- c. Date of actual transmittal; and
- d. To which entity the reports were filed.

Legal Citation	Name of Report	Report Due Date	Agency Compliance	Date of Transmittal	Entity Name
D.C. Code §§ 2-1931(2) and 1931(3)). See also 4 DCMR §§ 1213 and 1214.	Language Access report	01-29-2025 04-29-2025 08-01-2025 10-30-2025 02-02-2026	Complied	01-29-2025 04-29-2025 08-01-2025 10-30-2025 02-02-2026	Office of Human Rights (OHR)
D.C. Code § 7-503.03(5)	Agency Performance Plan	1/30/2025 4/30/2025 7/31/2025 10/31/2025	Complied	1/30/2025 4/30/2025 7/31/2025 10/31/2025	Office of the City Administrator (OCA)
D.C. Code § 7-521	Council Report	4/30/2025 10/31/2025	Complied	4/30/2025 10/31/2025	D.C. Council
D.C. Code § 7-1913	Adult Protective Service Report	10/31/2025	Complied	10/31/2025	D.C. Council

28. Please list all pending lawsuits in which the agency, or its officers or employees acting in their official capacities, are named as defendants, and for each case provide the following:

- a. The case name;
- b. Court where the suit was filed;
- c. Case docket number;
- d. Case status; and
- e. A brief description of the case

Ivy Brown, et al., v. District of Columbia, Civil Action No. 10-2250 (ESH). Filed in 2010, this lawsuit alleges that the District unlawfully segregates people with disabilities in nursing facilities when they are capable of and wish to live in the community. The primary agencies involved in this litigation are DACL and DHCF. The court initially ruled in favor of the District after a lengthy bench trial, finding that there was no single injunction that could remedy the violations alleged by the class members and that the plaintiffs' continued residence in nursing facilities was due to a lack of available, affordable housing rather than deficient transition services.

Plaintiffs appealed to the U.S. Court of Appeals for the D.C. Circuit, which reversed and remanded the case to the District Court, instructing that the proper question on remand is whether the District has a working system of transition. Plaintiffs requested relief includes assuming several functions that are, by regulation, nursing facilities' responsibilities, committing to a set number of discharges each year, and increasing reporting requirements.

On January 28, 2025, the District filed a motion to amend or alter the judgment, as well as a motion to stay the judgment while the Court considered the request. The case was stayed until August 15, 2025, when the court denied the District's motion to amend or alter the judgment. The District filed a Notice of Appeal to the D.C. Circuit Court on September 12, 2025. The appeal is due to be filed in February 2026.

Reynolds v. District of Columbia, 2025-CAB-004192. Filed in the Superior Court of the District of Columbia in June 2025, this lawsuit alleges that the District failed to exercise due care when transporting the plaintiff to and from an event sponsored by DACL in June 2022. The plaintiff claims that the District was negligent and that this negligence caused her to sustain personal injuries. She seeks monetary damages for those injuries. The case is currently stayed following a status conference held on January 23, 2026.

29. Please list the total amount of money the agency or the District, on behalf of the agency, expended to settle claims against it, or its officers or employees acting in their official capacities, in FY 25 and FY 26, to date.

Neither DACL nor the District, acting on behalf of the agency, expended any funds to settle claims against the agency, or its officers or employees acting in their official capacities in FY25 and FY26, to date.

30. Please list each settlement the agency or the District, on behalf of the agency, entered into in FY 25 and FY 26 to date that involved claims against the agency, or its officers or employees in their official capacity, including any settlements covered by D.C. Code § 2-402(a)(3). For each settlement, provide:

- a. The amount of the settlement,
- b. If related to litigation, the case name and brief description;
- c. If unrelated to litigation, please describe the underlying issue or reason for the settlement (e.g. administrative complaint, etc.).

Neither DACL nor the District, acting on behalf of the agency, expended any funds to settle claims against the agency, or its officers or employees acting in their official capacities in FY25 and FY26, to date.

31. Please describe the agency's procedure for handling allegations of workplace harassment during FY25 and Q1 of FY26. Indicate the following:

- a. Date of offense;
- b. Whether the parties report to the same supervisor;
- c. The findings of substantiation or non-substantiation; and
- d. What official action was taken.

DACL follows the District's Personnel Manual, 1-2019-8, on Maintaining a Healthy Workforce: Anti-Bullying Policy. In FY25 and Q1 of FY26 there were no complaints of workplace harassment filed.

32. Please describe the agency's handling of sexual harassment claims received during FY25 and Q1 of FY26. Indicate the following:

- a. Date of offense;
- b. Whether the parties report to the same supervisor;
- c. The findings of substantiation or non-substantiation;
- d. What official action was taken;
- e. Identify the investigating official or Sexual Harassment Officer (SHO) for each claim; and
- f. The date the report was forwarded to the Mayor's Office of Legal Counsel.

There were no sexual harassment claims received during FY25 and Q1 of FY26.

33. Please list all administrative complaints or grievance received in FY 25 and Q1 of FY26. Indicate the following:

- a. The nature of the complaint;
- b. The review procedure followed; and
- c. The resolution of the complaint.
- d. Whether or not the employee(s) complaint was resolved by moving to a different workspace, and or supervision.

EEOC Charge #570-2025-00312; Akia Tribble v. DC Department of Aging & Community Living; dated March 7, 2025; alleged discrimination based on disability; case pending with EEOC.

34. Please list all investigations, audits, or reports on your agency or any employee of your agency conducted in FY25 and Q1 of FY26. Include copies of any concluded reports and indicate the anticipated date of conclusion for any ongoing reports.

DACL had no investigations, audits or reports conducted in FY25 and Q1 of FY26.

35. Please list all requests for information submitted to the agency in FY 24, FY 25 and Q1 of FY26 by the Office of the Inspector General; D.C. Auditor; Internal audit; and any other federal or local oversight entities. For each request, please indicate:

- a. The subject of the request;
- b. The requesting agency;
- c. The date received;
- d. The information was supplied; and
- e. Whether the information was supplied by the date request. If information was not timely supplied, please indicate the reason for any delays.

No requests for information were submitted to DACL in FY 24, FY 25, or Q1 of FY 26 by the Office of the Inspector General, D.C. Auditor, Internal audit, or any other federal or local oversight entity.

36. Please provide each collective bargaining agreement that is currently in effect for agency employees. Please include the bargaining unit and the duration of each agreement. Please note if the agency is currently in bargaining and its anticipated completion.

Please see Attachment Q36 – Collective Bargaining Agreements

37. Is the agency currently party to any active non-disclosure agreements? If so, please provide all allowable information on all such agreements, including:

- a. The number of agreements;
- b. The department(s) within the agency associated with each agreement; and
- c. Whether any agreements are required for specific positions (please list each position by division and program and indicate whether the position is contracted).

DACL has no non-disclosure agreements.

38. Please include a chart of FY25 employee evaluation rating showing the employee's job title, duties/responsibilities, classification grade, salary, date of employment, and FY25 evaluation rating. Also, please identify if the employee has been separated from the agency during FY25 or Q1 of FY26.

Please see Attachment Q38 – Employee Evaluations

E. Finance and Budget

39. Please provide a table showing your agency's Council-approved original budget, revised budget (after reprogrammings, etc.), and actual spending, by program and activity, for FY25 and Q1 of FY26.

- a. For each program and activity, please include total budget and break down the budget by funding source (federal, local, special purpose revenue, or intra-district funds).

- b. Include any over- or under-spending. Explain any variances between fiscal year appropriations and actual expenditures for FY25 and Q1 of FY26 for each program and activity code.
 - c. Attach the cost allocation plans for FY25 and FY26.
 - d. In FY25 and Q1 of FY26, did the agency have any federal funds that lapsed? If so, please provide a full accounting, including amounts, fund sources (e.g. grant name), and reason the funds were not fully expended.
Please see Attachment Q39 – FY25, and FY26 Q1 Budget Breakdown for responses to Questions 8a through 8d.
40. For FY25 and Q1 of FY26, please list all intra-District transfers to or from the agency.
Please see attachment Q40 – FY25 and FY26 Q1 Intra-District Transfers
41. For FY25 and Q1 of FY26, please identify any special purpose revenue funds maintained by, used by, or available for use by the agency. For each fund identified, provide:
- a. The revenue source name 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;
 - e. Expenditures of funds, including the purpose of each expenditure; and
 - f. The current fund balance.
- DACL does not have any special revenue purpose funds.*
42. Please fill out the attached spreadsheet titled “Grants Received,” and list all federal and/or private grants received by your agency in FY25 and Q1 of FY26, current balances, and indicate any that lapsed during or at the end of FY25. Please submit the completed document in both Excel and PDF formats, and ensure to include the following:
- a. Name and amount of federal source of funding agency and program, broken down in percentage (%) and dollar amount (\$);
 - b. Name and amount of local source of funding agency and program, broken down in percentage (%) and dollar amount (\$);
 - c. Identify whether each funding source is recurring or one-time;
 - d. Identify whether the contract was competitively bid or sole-source; and
 - e. Indicate the receiving agency and amount of funding for funds moved out of the agency.
- Please see Attachment Q42 – FY25 – FY26 Q1 Federal-Local Funding by Program.*
43. Please provide a status report, including timeframe of completion, for all projects for which your agency currently has capital funds available.
The new Ward 8 Senior Wellness Center will be a 13,000-square-foot, ground-up construction designed to provide seniors with a space for recreation, socialization, and overall well-being. The facility will be built within the grounds of the existing Kramer Middle School parking lot and will feature support spaces that promote senior wellness activities.

As part of the procurement process, a pre-bid walkthrough site visit took place on Tuesday, February 3, 2026, and the procurement bid is scheduled to close on February 27, 2026. The center will be co-located next to Kramer Middle School in Fairlawn.

Construction is expected to begin in spring 2026 and conclude in spring 2027, following the completion of the general contractor selection process in spring 2026.

44. Please list all budget enhancement requests (Form B or similar) submitted in FY25 and Q1 of FY 26 and all budget enhancements received in FY25 and Q1 of FY26, please provide a status report on the implementation of each enhancement.

This request asks for information that is protected from disclosure by the deliberative process and executive privileges.

Agency Specific Questions

A. Background and Overview

45. Please state DACL's mission and goals in the District.

The mission of the Department of Aging and Community Living is to advocate, plan, implement, and monitor programs in health, education, and social services for the elderly; to promote longevity, independence, dignity, and choice for aged District residents, District residents with disabilities regardless of age, and caregivers; to ensure the rights of older adults and their families, and prevent their abuse, neglect, and exploitation; to uphold the core values of service excellence, respect, compassion, integrity, and accountability; and to lead efforts to strengthen service delivery and capacity by engaging community stakeholders and partners to leverage resources.

DACL's current goals are as follows:

- *Combatting senior hunger*
- *Combatting senior isolation*
- *Creating more streamlined access to services across our Senior Service Network*
- *Implementing the State Plan on Aging*
- *Creating more awareness of DACL's programs and services for our seniors*

46. Please provide the number of seniors that have been contacted by DACL or that have participated in DACL programming in FY23, FY24, FY25, and Q1 of FY26. Please note whether this number represents individuals or the number of times DACL contacted a particular individual.

Please see Attachment Q46 – DACL Senior Contacts

47. Please provide the process of referring an individual to services that are available through other entities and any follow-ups to ensure the individual is properly receiving the appropriate services.

DACL facilitates external referrals primarily through warm transfers whenever feasible. When direct transfers are not possible, clients receive detailed information, including program specifics and relevant contact details to ensure a smooth connection to the necessary services.

Follow-ups on external referrals are conducted for individuals receiving Clinical Services, particularly those requiring ongoing case management support due to complex needs. These follow-ups help ensure service implementation and prevent gaps in care for the most vulnerable clients.

48. What relationship does DACL have with AARP, Legal Services for the Elderly, and other community-based nonprofits that deal with various senior issues? How many seniors were served?

In FY25, DACL strengthened its collaboration with AARP's Legal Counsel for the Elderly (LCE) to deliver essential legal and advocacy services for older adults and individuals with disabilities across the District of Columbia. This partnership ensures access to critical resources that protect rights, promote independence, and improve the quality of life for vulnerable senior populations.

Long-Term Care Ombudsman Program

Through this partnership, the Long-Term Care Ombudsman Program provided 1,395 hours of dedicated support to 228 residents in FY25. The program addressed high-priority issues, including improper discharge practices and administrative oversight, safeguarding residents' rights, and ensuring compliance with care standards.

Legal Services Impact

LCE delivered 13,032 hours of legal assistance to 1,665 seniors during FY25, resolving complex cases involving housing stability, Medicaid benefits, and public utilities. These services directly impacted health, safety, and financial security, helping seniors maintain independence and avoid crises.

Community Engagement

Beyond casework, LCE expanded DACL's community reach by participating in three major DACL events and conducting 159 outreach activities at wellness centers and dining sites. These efforts strengthened community trust and ensured equitable access to legal and advocacy resources.

49. What proactive measures are undertaken to assess necessary repairs at wellness centers in the district? Please describe any repairs that occurred during FY25 and Q1 of FY26.

Please list any repairs planned for FY26?

Regular site visits and inspections are conducted to identify potential issues early. There is an ongoing communication with wellness center directors to ensure that facility concerns are addressed promptly. A structured work request system through Salesforce is submitted to allow staff to document needed repairs, track progress, and maintain accountability. High priority maintenance requests are flagged and escalated to leadership and the Department of General Services (DGS). Additionally, DACL collaborates with DGS and external contractors to ensure timely assessments, repairs, and preventive maintenance. Follow-ups are conducted after repairs to verify that issues are fully resolved, and facilities remain in optimal condition.

FY25 and FY26 repairs includes parking lot gate, clogged sinks, toilets, HVAC motor, and sump pump replacements. There are no planned repairs for FY26. These repairs occur as the need arises.

50. Please discuss DACL's relationship and any collaboration with Age-Friendly DC, the Commission on Aging, and the Wards 2 and 3 Senior Wellness Task Force. *DACL participates in monthly Commission on Aging meetings to provide updates on the agency and receive feedback from Commissioners.*

DACL, in conjunction with our APS unit, leads and/or partners on 40 Age-Friendly DC (AFDC) strategies—the most of any DC agency. In doing so, DACL works closely with Age-Friendly DC, the DMHHS cluster, sister government agencies, and various non-government partners to advance AFDC's mission of improving the experience of aging in Washington, DC. DACL is the lead agency on 16 Age-Friendly DC strategies across the 10 domains and collaborates with AFDC and contributing partners to ensure timely, complete, and accurate updates before AFDC reporting deadlines.

From November 2023 to September 2025, DACL convened the Ward 2 and Ward 3 Senior Wellness Center Feasibility Study Taskforce to help identify community needs and programmatic goals for two senior wellness centers in Ward 2 and Ward 3. DACL hosted bi-monthly meetings with a contractor along with three community townhalls in both wards to engage community members in thought partnership. DACL, alongside the contractor, surveyed residents in wards 2 and 3 to weigh in on the importance of and need for future Senior Wellness Centers. To date, the feasibility study is completed and under review with the taskforce members.

51. Please describe any initiatives the agency implemented within FY25 and Q1 of FY26, to improve the internal operation of the agency, reduce waste, fraud and abuse, or the interaction of the agency with outside parties. Please describe the results, or expected results, of each initiative.

DACL prioritizes strong financial management and works diligently with grantees and contractors to ensure the appropriate and accountable use of all agency funds. A significant portion of DACL's budget is dedicated to grantmaking. To strengthen oversight, DACL has developed processes to better track grantee services, programs, budgets, and expenditures. This includes implementing separate funding for lead agency and non-lead agency programs, ensuring accurate reporting and enabling DACL to monitor specific program expenditures.

To improve efficiency and establish clear accountability, DACL also introduced a division of funding for grantees serving multiple wards, enhancing internal operations and reducing the risk of waste, fraud, and abuse. Additionally, DACL conducts a mid-year reconciliation process to verify that all funds are utilized in accordance with the policies outlined in the Grant Manual.

52. Please describe what processes have been developed in FY25 to better track grantee services, programs, and expenditures?

DACL has implemented an internal Grantee Profile system to streamline the collection and tracking of programmatic and financial data for all funded programs. This system is complemented by the monthly M-1 invoice template, which provides a standardized mechanism for monitoring grantee spending rates and ensuring timely financial reporting. Additionally, DACL requires a monthly progress report from each grantee, enabling the agency to track performance against established goals and identify areas requiring technical assistance or corrective action.

To strengthen fiscal accountability and improve reporting accuracy, DACL introduced a revamped funding distribution model for lead agencies serving all eight wards. This approach separates funding allocations for lead agency programs from non-lead agency programs, ensuring clearer documentation of expenditures and reducing the risk of misreporting. For grantees operating across multiple wards, DACL established a clear funding division that simplifies the allocation process and enhances transparency.

Collectively, these measures create a more efficient funding process, improve oversight, and reinforce DACL's commitment to accountability and effective resource management.

53. What efforts are being made to support grandparents as caregivers?

DACL does not have program specifically designed for grandparents as caregivers, below are the top programs grandparents can benefit from for support and respite as caregivers.

- ***Legal Counsel for the Elderly (LCE) – Legal Services:*** *LCE provides crucial legal services specifically tailored to the needs of older adults. This program offers legal assistance to seniors, helping them navigate issues such as estate planning, housing, healthcare, and more, ensuring that their rights and interests are protected.*
- ***DACL Senior Wellness Centers and Community Dining Sites:*** *These centers serve as hubs for seniors to engage in socialization, fitness activities, and other recreational programs. They also provide a nutritious meal, promoting overall well-being and preventing social isolation among older adults.*
- ***Senior Villages:*** *Senior Villages are community-based organizations that offer a range of support services to help seniors age in place. These services include transportation, home maintenance, and assistance with daily tasks, enabling older adults to maintain their independence and quality of life.*
- ***DC Caregivers Institute:*** *The Caregivers Institute provides valuable resources, training, and support for caregivers who are taking care of family members. This program equips caregivers with the skills and knowledge they need to provide the best possible care to their loved ones.*

- **Safe at Home:** *The Safe at Home program was created by Mayor Bowser in response to concerns about falling or suffering from other household accidents. It allows District residents to continue to live in their own homes through the installation of safety adaptations such as grab bars, hand railings, stair lifts, and bathtub cut outs.*

For grandfamily specific programs, we work closely with our sister agency, Child and Family Services Agency to connect grandfamilies to programs designed for them.

54. Please describe any preparations by the agency in anticipation of policy and priority changes under the federal administration.

DACL maintains a strong working relationship with the Administration for Community Living (ACL). Based on current information provided by ACL, DACL does not anticipate any new policy or priority changes. DACL follows guidance from the Office of the Deputy Mayor for Health and Human Services and the Executive Office of the Mayor as it relates to federal engagement.

55. What District legislation has yet to be implemented by the agency, if any?

No Senior Hungry Omnibus Amendment Act of 2021 (D.C. Act 24-730 with a projected law date of March 16, 2023). This legislation was subjected to appropriation and would have cost \$1.6 million in FY23 and a total of \$75 million over the financial plan.

Senior Nutrition, Health, and Well-Being Equity Amendment Act of 2022 (D.C. Act B24-0996 with a projected law date of March 16, 2023). This legislation was subjected to appropriation and would have cost \$388,000 in FY2023 and \$1.6 million over the four-year financial plan.

56. Please provide the policy in place for answering phones. Also please describe the policy in place if a senior visits your office?

DACL has a structured policy in place for handling phone inquiries and in-office visits at both locations (500 K St. NE and 250 E St. SW). For in-person visits, staff are assigned to a rotating schedule to assist visitors. Upon check-in at the front desk, an email notification is sent to the relevant teams, allowing the appropriate unit to coordinate assistance efficiently.

Adult Protective Services Hotline procedure:

- *APS will maintain and publicize the hotline number (202) 541-3950 to facilitate referrals of abuse, neglect, self-neglect, and/or exploitation of vulnerable adults.*
- *An APS Intake social worker will staff the hotline during regular working hours. At the end of each regular business day, the hotline telephone line is switched to Homeland Security Emergency Management Agency (HSEMA), and an on-call social worker is available to receive referrals via cell phone from HSEMA.*

- *The APS Program Analyst is responsible for maintaining the "On-Call" schedule for coverage during and after business hours. The APS Social Workers are required to volunteer 3 months in advance, to work a 7-calendar day schedule.*
- *The schedule is distributed to all "On-Call" APS Intake Social Workers, APS Supervisory Social Workers, the APS Program Manager, DACL Director and Chief of Staff, HSEMA, and the D.C. Office of Unified Communications (OUC). The On-Call schedule is created 3 months in advance by the Program Analyst, which consists of APS Social Workers who provides coverage during a 7-day stretch from 4:45 p.m. after their tour of duty through 8:15 a.m. the next business day.*
- *After business hours, calls are received by the Homeland Security Emergency Management Agency (HSEMA), which in turn calls the scheduled on-call social worker by phone. On occasion, reports are received at OUC, and those reports are also forwarded to the on-call social worker by phone. The on-call worker may consult other social workers and Supervisory Social Workers from within the Adult Protective Services Program, who rotates coverage every 7 calendar days. If the Homeland Security Emergency Management Agency or the D.C. Office of Unified Communications is unable to reach the on-call APS social worker, it will report the information to the Intake Cluster Supervisory Social Worker or the APS Program Manager.*
- *If a non-English speaking person calls the APS hotline, the covering social worker shall contact "Language Line," a 24-hour service, and request assistance with translation.*

57. Do you have a record of complaints or a system in place to submit complaints?
DACL complies with policies from the Office of Human Rights (OHR) and the Department of Human Resources (DCHR) for formal complaints related to grievances, EEO, and sexual harassment. Outside of these formal processes, employees may submit concerns or complaints to their immediate supervisor or DACL's Human Resources Office for resolution.

The process for submitting complaints by grantees is outlined in DACL's Grants Policy Manual (July 2024). Seniors and the public may also submit complaints through DACL's main phone line, email, or in person, where they are logged and routed to the appropriate program manager for timely resolution.

58. Please provide a list of The Community Transition and Social Work team that is comprised of social workers, transition coordinators, case managers, and a housing coordinator who provide transition assistance for adults with disabilities and older adults from institutional long-term care settings back to the community.

The following employees comprise of the Community Transition team:

- *Program Manager: Vanessa Hicks-Edwards*
- *Transition Care Specialists: Ekundayo Akinola; Emma Baxter; Diamynn Swint-Hill; Nia Pride; Mulusew Agagi; Stacie Eldridge; Reginald Banks*
- *Community Outreach Specialists: Jemila Darku; Trina Robinson; Melissa Davis; Quinntez Washington*

- *Staff Assistant: Malika Shorter*
- *Housing Coordinator: Plathon Watson*

59. Are there plans for DACL to track referrals to programs and/or organizations both inside and outside the government (i.e., emergency rental assistance, housing counseling services, Single Family Residential Rehab Program (SFRRP), Home Purchase Assistance Program (HPAP), DC Housing Authority (DCHA), nutrition program, connector program, non-profit orgs, etc.)? Why or why not? What procedures exist to conduct follow ups?

Internal referrals are tracked in CSTARs, which records service units by category. External referrals are handled as information calls or through case management service units, which are tracked by category. The Information and Referral Assistance (I&RA) team connects clients to external agencies by providing relevant points of contact and contact numbers.

Case managers work closely with clients to identify the most appropriate referral sources and provide a warm handover whenever possible. Follow-ups are conducted for clients receiving Clinical Services or ongoing case management to ensure service implementation and continuity of care.

B. Adult Protective Services

60. For FY23, FY24, FY25, and Q1 of FY26, please provide charts that include the following information:

- Allegation type
- Number of referrals
- Number of referrals that are processed
- Number of referrals that are not processed and indicate why

A.	Allegation Type					
	FY	Abuse	Financial Exploitation	Neglect	Self-Neglect	Total Screened-In Calls*
	FY23	129	440	209	514	1,292
	FY24	130	422	208	433	1,193
	FY25	97	363	157	462	1,079
	FY26 Q1	21	63	38	84	206

B. & D.	Description	FY23	FY24	FY25	FY26 Q1
	Number of referrals	2,166	2,266	2,418	546
	Screened In	1,292	1,193	1,079	206

	Screened Out	874	1,073	1,339	340
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This is only for FY26 Q1 – Reason for screened out calls

C.	FY	Self-Neglect	Financial Abuse	Neglect by Caretaker	Physical Abuse	Emotional Abuse	Total Screened-In Calls*
	FY23	597	489	262	120	88	1,292
	FY24	511	481	262	199	85	1,193
	FY25	540	446	222	91	48	1,079
	FY26 Q1	98	75	52	18	11	206

**A referral made to APS may have more than one allegation type. As such, the individual allegation types do not add up to the total number of screened in calls*

Resolution	# of calls
Declined to Move Forward	132
Diversion	204
Other	4
Total	340

61. Please describe the process for your office to receive and refer complaints?

APS operates the APS hotline internally from 8:15AM-4:45PM. All calls taken during this time are answered by a licensed social worker. At 4:46PM APS calls are forwarded to Homeland Security and Emergency Management Agency (HSEMA) to 8:14AM the following morning. If HSEMA determines that a call is appropriate for an APS representative, they in turn call the APS on-call licensed social worker. A schedule is prepared monthly to appoint an on-call APS social worker to be available during office after-hours. Supervisors are also in rotation to be available during after-hours for any consultations. The 24-hour APS hotline number is 202-541-3950. Relevant information on the allegation are collected such as alleged victim demographic, type of allegation, and if the allegation is a life-threatening emergency. If the referral is life threatening the Metropolitan Police are notified and APS begins investigation within 24 hours. Non- life-threatening calls are referred for a Review, Evaluate, Decide (RED) meeting. On the next business day supervisory staff conduct the RED meeting and review any pertinent case history, context, and information to decide if the referral meets criteria for investigation. If the referral does not meet criteria clients may be diverted and referred appropriately to another government agency partner. If the referral meets the criteria for investigation, it is immediately assigned to a social work investigator.

C. Medicare Waiver and Health Programs

62. How many people in the Elderly and Persons with Disabilities (EPD) Waiver are people with developmental disabilities under the age of 60? Please provide the numbers from FY24, FY25 and Q1 of FY26.

DHCF Elderly and Persons with Disabilities (EPD) Waiver Beneficiaries Under Age 60 with Any Developmental Disability Diagnosis

<i>Fiscal Year</i>	<i>Beneficiaries</i>
<i>FY 2024</i>	<i>211</i>
<i>FY 2025</i>	<i>219</i>
<i>FY 2026 Q1</i>	<i>203</i>

Source: DHCF Medicaid Management Information System (MMIS) data extracted 1/30/2026.

Note: Reflects individuals enrolled in the EPD waiver during the period shown. Age is calculated as of the end of the period.

Developmental disability is based on any DHCF claim ever seen (not limited to EPD waiver) through the date shown with an intellectual disability (ID) diagnosis (ICD-10 F70-F79; ICD-9 299.8-299.9, 317-319) or autism spectrum disorder (ASD) diagnosis (ICD-10 F84.0-F84.1, F84.4-F84.9; ICD-9 299.0).

63. What services are available to people with Developmental Disability under the age of 60 in the EPD waiver? Does DACL Coordinate with the Department of Disability Services in delivering the necessary senior services? How many seniors received EPD waivers? *Individuals with intellectual or developmental disabilities who are under age 60 will typically apply for ID/DD Waiver for home and community-based services, rather than the EPD Waiver.*

The EPD Waiver is open to individuals with a disability who are under 60, but this typically refers to a physical disability as opposed to an intellectual disability.

While individuals under age 60 are eligible for the EPD Waiver provided they meet all other requirements, there are sometimes issues with accessing services due to age restrictions. For example, EPD waiver allows clients to be admitted to assisted living facilities, but most of the facilities only accept seniors aged 60 and up.

DACL does not manage or oversee the EPD waiver; this is done by Department of Healthcare Finance. DACL Case Management and Medicaid Enrollment Services teams assist clients with the application process, and the Medicaid Enrollment Services team submits and tracks applications via the Partner Portal.

DACL Case Management does provide case management services to clients ages 18-59 who identify as having a disability, but disability in this case is defined broadly and can include physical disabilities, cognitive disabilities, and behavioral health diagnoses as well as intellectual and developmental disabilities.

For individuals under 60 with developmental disabilities, DACL case managers coordinate with DDS on a case-by-case basis determined by the presenting needs of the clients. If the case manager determines that the client’s current needs are better met by existing DDS programming, the case will be referred to DDS, and the case manager will ensure a warm hand over.

EPD Waiver clients by age			
Age	FY224	FY25	FY26Q1
Age below 60	377	388	133
60 and above	1314	1380	423
Total	1691	1768	556

64. Please provide the procedure through which individuals obtain services such as social workers and home health aides through DACL. Please include the steps and timeline from initial phone call to the start of services.

A Consumer is referred to DACL via several pathways:

- *Telephone by calling DACL IR&A (202)724-5626*
- *Email (Ask DACL, website)*
- *Senior Services Network*
- *The Executive Office of the Mayor and DC Council*
- *Global Referral or Incident Report*

For clients contacting DACL to connect to a case manager/social worker:

- *Once the referral is received, the case is assigned to DACL Case Management. The program manager reviews referrals, clarifies any questions, prioritizes and sends to the supervisors for case assignment. Cases are assigned by date of referral, urgency of need and case manager availability.*
- *Case managers contact client within 2 business days (1 if urgent) of assignment to set up initial assessment.*
- *Case managers complete comprehensive assessment and service plan within 10 business days of initial contact. The process can be delayed if: clients don’t answer, referral source doesn’t answer, clients decline services, referral is unclear, clients are hospitalized, or status of case with other providers such as APS needs clarification.*

When a client contacts DACL for help obtaining a home health aide:

DACL does not provide home health aides or oversee home health agencies. DACL case managers can assist clients in reviewing their options for home health services and completing applications.

For PCA services through Medicaid and EPD waiver, the process is as follows:

- *DACL case management will help the client get the Physician Order Form signed by their doctor. Typically takes 1-3 weeks but varies based on client*

and provider coordination. Situations that can delay the process include: a client doesn't have a doctor, if the doctor is not a Medicaid provider, and if the doctor is unresponsive.

- *DHCF contractors, Telligen, call the client to schedule the Level of Care Assessment which is typically done within 1-2 weeks. This can take longer if there are challenges connected to the client and the contractors.*
- *The Level of Care Assessment is completed if the client meets the level of care, has DC Medicaid, and wants state plan services. Then, Liberty will connect them to a home health agency. Timelines are variable depending on staffing, hours awarded, and whether the client is available for follow-up calls.*
- *Important to note: If the client is a United Healthcare Beneficiary – DACL case management will contact UHC case management to request EPD Waiver assistance to obtain a home health aide (i.e., no Level of Care, United Healthcare D-SNP, Medicaid Alliance)*

Once Level of Care is approved for clients applying for EPD Waiver:

- *Medicaid Enrollment Service (MES) team uploads completed Medicaid waiver financial application packet to District Direct Partner Portal and the supplemental forms to DC Care Connect. DACL MES updates Enrollment, completes case notes, and MES form in CSTARTS.*
- *Once approval is confirmed from Healthcare Finance Administration (HCFA) Medicaid Branch, MES initiates the EPD Case Management referral process from three pre-selected client choices. When EPD Case Management acceptance is obtained, the MES requests Prior Authorization (PA) from HCFA. DACL MES updates enrollment, MES form and Notes in CSTARTS.*
- *Once HCFA issues PA for Case Management Agency. MES notifies all client points of contact of PA and code change to community EPD Waiver codes. MES transfers the case to the Case Management Agency for case management service and discharges the case.*
- *An email is sent to transfer case management agency, closes enrollment, completes the MES form, and updates notes in CSTARTS.*

65. What direct or indirect role does DACL have in ensuring there is adequate supply of aides versus demand for in-home health aides? Please discuss whether DACL collaborates with sister-agencies in meeting the demands for in-home health aides. *DACL does not have a direct role in ensuring an adequate supply of home health aides. This is a workforce issue that is better addressed on the training/creating pathways to successful careers. Indirectly, DACL meets regularly with our partners at DHCF, and discussions include challenges with staffing and alternatives for supporting our seniors. DACL recognizes the critical role for unpaid family caregivers and provides a variety of programs and supports to assist in alleviating burnout through respite care, adult day care, and connecting caregivers with a peer support group.*

66. What is your estimate on the total number of senior aides in the District?

Per our partners at DHCF: estimates of the number of home health and personal care aides in the District are available from the U.S. Bureau of Labor Statistics. This information excludes self-employed workers and is not specific to people serving seniors.

Area Name	Employment (1)
District of Columbia (11-00000)	11,490

Source:

<https://data.bls.gov/oes/#/occGeo/One%20occupation%20for%20multiple%20geographical%20areas>

Note: Estimates do not include self-employed workers.

For more information, see:

<https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>

<https://www.bls.gov/oes/current/oes311120.htm>

67. Improving mental health and preventing senior social isolation is a critical need. How does DACL work with DOH, DBH, and any other appropriate agencies? How many inquires has your staff received requesting mental health services in FY24 and FY25? *Case Management and Adult Protective Services supervisors meet with staff from DBH's Community Response Team on a biweekly basis to discuss and collaborate on cases shared between departments.*

Case managers work directly with clients to connect them to services through DBH as well as with private providers. It is very uncommon for seniors to contact DACL for assistance with mental health concerns; usually mental health concerns are identified and discussed when the case manager completes the initial assessment at the start of services.

If clients express desire to connect with a behavioral health provider, case management will assist in contacting DBH's Access Helpline to connect to a core service agency. If the case manager identifies concerns re: client's mental health, concerns are discussed with client and resources are offered. If the case managers believe the client is in immediate danger due to mental health crisis, case management will notify DBH's Community Response Team as well as MPD, as appropriate. If the case manager is concerned that the client is experiencing a decline in mental health but is unwilling to seek help, case management will refer client to DBH's Division of Integrated Care to request outreach/assertive engagement.

Case managers will also collaborate with client's existing behavioral health providers, such as Assertive Community Treatment (ACT) teams and community support workers, to ensure provision of comprehensive services.

Referrals are tracked under the case management service category of mental health coordination.

Service	No of Clients served		
	FY24	FY25	FY26 Q1
Mental Health Coordination	67	25	11

68. How has DACL addressed behavioral health care needs of District residents living with what the American Psychiatric Association defines as “hoarding disorder”? How many seniors have been served by the heavy house cleaning program?

DACL’s Adult Protective Services and Case Management teams support individuals living with hoarding disorder through our heavy housecleaning program. The heavy house cleaning program provides a one-time thorough cleaning of living quarters that pose serious sanitation, safety and health risks. The objective of heavy housecleaning service is to provide the necessary assistance and cleaning to enhance comfort for the client and accessibility to home health personnel into the clients' home. Heavy housecleaning service will allow elderly persons to remain in their homes without risk of health hazards and prevent premature institutionalization or eviction. For individuals seeking long-term mental health support we refer to our sister agency, DBH and our senior service network providers.

Number of Seniors Served by Heavy House Cleaning	
FY 25	86
YTD FY 26	40

69. How does DACL address behavioral healthcare needs for residents living with HD?
Please see response to Question 68.

70. How does the DACL Case Management Team ensure that seniors who need it have care continuity?

DACL Case Management aims to put long-term supports in place where appropriate and available. This is dependent on client need, eligibility, and availability of services.

Some long-term supports we connect clients with:

- *EPD waiver, which includes long-term case management*
- *Home Care Partners, which includes home health services and case management*
- *DBH services, which can include ongoing services from behavioral health case managers and Assertive Community Treatment (ACT) teams*
- *House Calls Programs, which often include ongoing case management*
- *Neighborhood Villages*
- *PACE (Program of All Inclusive Care for the Elderly)*

- *Private pay services for cleaning or home health care*

If the client is not eligible for long-term case management, we aim to connect clients with our partner agencies and/or providers we collaborate with often, such as the lead agencies, We Are Family, neighborhood villages, etc. so that they can provide ongoing support to the seniors on an as-needed basis. More importantly, due to the relationships we have built with these agencies, we know that they will continue to monitor the clients and can easily refer them back to us if they identify additional needs for support in the future.

Additionally, when a case is closed, we typically provide clients with a case closure letter that includes information on resources they have been referred to and/or can explore in the future, and we encourage clients to call back if they have questions or additional needs moving forward.

71. For those seniors who prefer to age in place, what options are available to them? Has DACL conducted a comprehensive report on senior's desire to age at home or in their neighborhood?

The District of Columbia's Department of Aging and Community Living (DACL) has actively engaged in understanding seniors' preferences regarding aging in place. Through the "Future of Aging" initiative, DACL gathered insights from over 400 residents, including seniors, adults with disabilities, and caregivers, to inform our 2024-2027 State Plan on Aging. This engagement highlighted a strong desire among seniors to remain in their homes and communities as they age.

While DACL has not published a standalone comprehensive report solely focused on seniors' desires to age at home or within their neighborhoods, the findings from the "Future of Aging" initiative are integrated into the broader State Plan. Additionally, DACL offers options counseling for individuals inquiring about long-term care. During these consultations, staff assess preferences for aging in the community, ensuring that individual desires are recognized and supported.

To support seniors who prefer to age in place, DACL provides various programs and services, including:

- ***Safe at Home Program:*** *This initiative offers home accessibility adaptations, such as grab bars, hand railings, and stair lifts, to reduce the risk of falls and support daily activities. The program has expanded to include medication management, vision screenings, and balance/strength training.*
- ***Transportation Services:*** *DACL's Senior MedExpress program provides eligible residents aged 60 and over with free round-trip transportation to essential medical appointments. Additionally, the Connector Card Program offers a cost-sharing debit card for ground transportation services to destinations of the senior's choice.*
- ***Senior Villages:*** *These are community-based membership organizations that help seniors live safely, comfortably, and actively in their own homes by connecting them with neighbors and offering various support services.*

Through these initiatives and ongoing community engagement, DACL demonstrates its commitment to supporting seniors' preferences to age in place, ensuring they have access to the necessary resources and services to do so safely and comfortably.

72. What is DACL's plan to conduct outreach to nursing facility residents to identify those in need of transition assistance?

The DACL Community Transition Team has five outreach coordinators. Each outreach coordinator is assigned monthly a list of active DC Medicaid recipients who are residing in nursing facilities. Each coordinator utilizes their list to connect with the resident, power of attorney or guardian, and the nursing facilities, to coordinate an in-person initial educational meeting.

Once scheduled the outreach coordinator meets with the resident to educate them on the services and community-based supports they are entitled to. Staff provide options counseling and complete a prescreen tool to determine resident interest.

For residents who are interested in DACL's transition services, a comprehensive assessment is completed with the outreach coordinator, and the client is then connected with their Transition Care Specialist who will facilitate their transition back into the community.

73. How many unique individuals did DACL contact to assess their interest in transitioning to the community in FY2025 and to date in FY2026?

Residents interested in Transitioning to the Community	
FY 25	499
YTD FY 26	373

a. Please provide copies of all of DACL's outreach and education materials that it provides to nursing facility residents

Please see Attachment Q73 – Community Transition Outreach Materials

74. How many unique DC nursing facility residents did DACL staff meet with to do outreach and education about community-based alternatives in FY2025 and to date in FY2026?

Please see data provided in question 73.

D. Safe at Home

75. Please provide the following information pertaining to the Safe at Home program.

- a. Total number of applications **received** in FY23, FY24, FY25, and Q1 of FY26, with a breakdown by Ward.
- b. Total number of applicants that were **approved** in FY23, FY24, FY25, and Q1 of FY26, with a breakdown by Ward.
- c. Timeline from application approval to project commencement and completion.
- d. Please provide the age breakdown of the participants of the Safe at Home program.

Please see Attachment Q75 A-D – Safe at Home Program

- e. Please provide a category breakdown of the in-home adaptations completed in the homes in FY23, FY24, FY25, and Q1 of FY26.

Please see Attachment Q75 E – In-Home Adaptations

- f. Please provide the average cost per program participant in FY23, FY24, FY25, and Q1 of FY26.

Fiscal Year	Average Cost per Participant (\$)
FY23	\$4,365.00
FY24	\$4,813.52
FY25	\$6,611.50
FY26 Q1	\$6,988.18

- g. How do applicants access the Safe at Home program? How are determinations made as to eligibility? What office makes these decisions?

The Safe at Home (SAH) program is accessed through DACL’s Information and Referral call center, which serves as the primary entry point for applicants. Once referrals are received, they are entered into CSTARTS and transmitted to funded grantees—Home Care Partners and Rebuilding Together—for processing and service delivery.

To qualify for the SAH program, applicants must meet the following basic eligibility requirements:

- 1. Be a resident of the District of Columbia*
- 2. Be aged 60 or older, or an adult living with a disability*
- 3. Have a household income at or below 100% of the Area Median Income (AMI), including benefits, pensions, annuities, and/or salary*
- 4. Qualify on the Falls Risk Assessment, which is administered over the phone*

The Falls Risk Assessment is designed to identify individuals at higher risk of falls in their homes, ensuring that home modifications—such as grab bars, ramps, and stair lifts—are targeted to those who need them most. This process helps prioritize applicants based on safety needs and supports DACL’s mission to reduce fall-related injuries among older adults and individuals with disabilities.

- 76. Please discuss DACL’s relationship with the Office of Victim Services and Justice Grants regarding security camera installation and services. How many referrals have been made to OVSJG?

DACL previously partnered with the Office of Victim Services and Justice Grants (OVSJG) on a program that provided security camera installation services; however, this program was sunset in FY24. Currently, DACL refers clients seeking security cameras to OVSJG through the Information and Referral Assistance (I&RA) unit. These referrals are minimal and informal, and DACL does not maintain a formal tracking system for

referrals specifically to OVSJG. However, calls are tracked by reason, and over the past two fiscal years, DACL received a total of 17 inquiries related to security camera installation or repairs.

77. What is the current wait list for the Safe at Home Program? What measures is DACL taking to reduce the waitlist?

The Safe at Home (SAH) program waitlist currently has 361 applicants approved. To help address the demand, DACL is collaborating with its grantee, Rebuilding Together, who secured an independent federal grant to provide more home modifications to seniors in need. Both Rebuilding Together and Home Care Partners are extending opportunities to individuals currently on the SAH waitlist by offering some essential home safety improvements outside of the standard SAH funding stream.

To date, this initiative has successfully served 24 SAH participants, removing them from the DACL waitlist and ensuring their homes are safer and more accessible. This partnership demonstrates DACL's commitment to leveraging external resources and innovative collaborations to better meet the needs of older adults and reduce wait times for critical services.

E. Meals and Socialization

78. Please discuss all meal programs that DACL administers in FY25 and Q1 of FY26.

- a. Please include process of enrollment, participation, and options for emergency meals in exceptional circumstances.
- b. What are the successes and limitations of the current meal program(s)?
- c. Please include the annual budget for each.

Please see Attachment Q78 – DACL Meal Programs

79. What factors are contributing to senior hunger in the District?

According to the report "Accounting for the Rise in Senior Food Insecurity in the District of Columbia," commissioned by DACL in February 2023, factors contributing to senior hunger in the District include rising rates of poverty and near poverty, a decline in the share of seniors who are married, and an increasing proportion of seniors living in rental housing.

Please See Attachment Q79 - Rising Food Insecurity in D.C.

80. How is DACL addressing food security? What data does the agency use to substantiate food security as a service that we must provide in the community?

DACL addresses food security by being proactive with every older adult that contacts our agency and every senior that we connect with through our many outreach channels. Each caller that contacts DACL through our Information and Referral Assistance line is asked about their ability to access food and connected with services and resources internal and external to DACL if they need support with accessing food. DACL offers a variety of programs that help address food security by offering meals in a congregate setting; a home delivered setting; through grocery boxes; through partnerships with organizations such as DC Central Kitchen and their collaboration with Door Dash to deliver hot meals

to seniors; and through referrals to a myriad of other organizations in the District who offer food resources. Furthermore, DACL is proactive about decreasing the underutilization of SNAP amongst seniors in the District as an additional approach to addressing food security. Seniors can receive support from DACL with understanding and completing the SNAP application; seniors applying for EPD Waiver are encouraged to apply for SNAP during the EPD Waiver application process with the integrated application; and finally, seniors can also be connected to external organizations that provide SNAP application assistance by way of DACL referrals to organizations such as DC Hunger Solutions.

The data that the agency uses to substantiate food security as a service we must provide is the tracking mechanism that we use internally that provides the reasons people are contacting our agency, with Health & Wellness/Nutrition being in the top five of the call reason categories. The agency also uses the participation data, and the increasing popularity of our home delivered meal program to substantiate the need. The agency uses data provided in the Feeding America report that details where D.C. ranks nationally in comparison to States. The agency uses data obtained from our partnership with the National Foundation to End Senior Hunger (NFESH) to solicit research from Dr. James Ziliak – a nationally recognized researcher on food insecurity rates. Dr. Ziliak’s research is focused on what drives rates of food insecurity amongst seniors in the District. DACL will use this information to target programs that address food insecurity as well as to inform improvement to existing collaborations with other District government agencies.

Additionally, NFESH and DACL worked with Dr. Martha Kubrik of George Mason University to evaluate how current DACL nutrition programs are addressing food insecurity and nutrition equity in current participants. Dr. Kubrik evaluated how current programming affects the health of seniors and is creating and testing interventions to increase improved health in seniors because of being involved in DACL programming.

81. How does DACL collaborate with other sister-agencies to address food security for District residents? Please identify the following:
- d. The name(s) of agencies involved
 - e. Activities and/or plans involved in addressing and/or improving food security
 - f. Areas of evaluation in determining food security

DACL collaborates with various sister agencies to address food security for District residents. DACL previously partnered with The Lab @ DC to develop a repository of food access programs in the District, which DACL now uses to refer seniors to programs that best fit their needs.

DACL also works closely with DC Health and the Office of Planning (DC Food Policy Council), with a data-sharing agreement in place with DC Health to cross-reference program participation and identify additional collaboration opportunities.

To evaluate the impact of its home delivered meals program, DACL received support from The Lab @ DC to develop an evaluation plan. This evaluation, which DACL will carry out, is a "difference-in-differences" study comparing food insecurity levels among seniors

who receive home delivered meals versus those on the waitlist, using questions related to food insecurity currently in the DACL assessment tool to assess program impact. Nutrition services will also implement a new survey tool to measure impact of congregate meal programs for seniors across all wards.

82. Has DACL identified any opportunities for the District to increase food access across all neighborhoods in the city? If yes, please describe. If not, why not?

DACL has implemented several initiatives to increase food access for seniors across the District. Key efforts include expanding home-delivered meals, operating more than 40 community dining sites, and launching the Eat Well, Live Better program in partnership with Mary's Center. These programs are supported by the DACL Mobile App, which provides access to virtual dining sites and direct connections with nutritionists, and the Food4Choice Pilot Program, designed to expand food options and track data for potential future growth.

In alignment with the Senior Nutrition and Well-Being Equity Act of 2022, DACL collaborates with the Age-Friendly DC Nutrition Task Force to develop a Food Access Tool that bridges service gaps and offers culturally specific meals. Additionally, DACL partners with DC Health's Equitable Food Access Initiatives (EFAI) to support programs such as Produce Plus and Healthy Corner Stores. Working with The Lab @ DC, DACL has identified opportunities to increase SNAP participation and is actively reducing food waste within its nutrition programs by assessing overlap and ensuring resources are distributed equitably. These efforts are particularly focused on improving food security in historically underserved areas, including Wards 7 and 8.

83. What efforts have been undertaken by DACL to reduce food waste in the District?

DACL has undertaken several strategic initiatives to reduce food waste in the District, aligning with the city's broader Zero Waste DC Plan, which aims to divert 80% of waste by 2040. These efforts involve collaborations with agencies like the Department of Energy and Environment (DOEE), the DC Office of Planning, and Food Rescue US which have been vital in rescuing leftover food for homebound clients.

In addition, DACL has prioritized key internal strategies to optimize meal efficiency within our nutrition programs such conducting analysis of congregate meal programs to better understand senior preferences for menu adjustment, enhancing the nutritional quality of meals while minimizing waste. DACL has also implemented monthly Efficiency Reports to track meal orders versus actual consumption, enabling sites to refine their forecasting and reduce over-ordering.

DACL Monthly Nutrition Task Force meetings with lead agency nutritionists and program directors remain an essential component to further support this effort as it fosters a collaborative platform to address program issues and develop innovative solutions. Through continuous updates to menu options, contract requirements, and program policies, DACL is committed to improving its congregate meal program. These improvements are designed to enhance efficiency, meet the specific needs of seniors, and ultimately reduce food waste. By prioritizing data-driven decision-making and

collaborative problem-solving, DACL is making significant strides toward achieving its waste reduction goals and contributing to a more sustainable District.

84. Please outline steps DACL has taken in FY26, to date, to work towards meeting the goals of DC's Green Food Purchasing Amendment Act.

DACL is proactively working with DOEE to support the District's goal of achieving 25 % greenhouse gas emission by 2030. Steps taken to date include collaborating with DOEE Green Food Analyst to strategize menu reviews and convening a pilot program to enhance menu management and reduced-carbon menus. Our focus for FY26 will include collaborating with food vendors to gradually decrease beef servings and increasing poultry, fish, and plant base menu items, submitting data to DOEE to monitor the carbon footprint of food items purchased for food production.

85. How many clients participated in and received DACL services in FY23, FY24, FY25, and FY26 to date? Please provide breakdown for various services (i.e., congregate meals, case management, etc.) for DACL-funded program areas overall, then broken down by each provider.

Please See Attached Q85 – DACL Service Breakdown

86. How many meals were provided in FY23, FY24, FY25, and Q1 of FY26?

a. Provide breakdowns of home-delivered meals with a breakdown by Ward.

Please See Attachment Q86 – DACL Meals Data

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

DACL Nutrition Services- HDM Service by Ward	1	2	3	4	5	6	7	8	Total
Enrolled Clients	137	83	99	287	320	220	444	420	2,010

c. How does this count compare to the number of requests received?

DACL Nutrition Services - HDM Service	Ward								Total
	1	2	3	4	5	6	7	8	
Enrolled Clients	137	83	99	287	320	220	444	420	2,010
Clients received service	124	62	82	262	316	184	429	357	1816

Comparing the number of enrolled clients to the clients that received services during FY25 reveals a consistent pattern across all wards, with the number of enrolled clients being higher than the number of clients serviced in each ward. Ward 7 has the highest number of enrolled clients at 444 and clients serviced at 429, while Ward 2 has the lowest number of enrolled clients at 83 and clients serviced at 62. Overall, a total of 2,010 clients enrolled, while 1,816 received services. This shows that the number of clients enrolled is greater than the number of clients serviced.

- d. How does this count compare to the official census of elderly residents by Ward?

Analysis of DACL HDM program clients enrolled and serviced by ward against the overall census data by the DC Office of Planning reveals disparities in service penetration across Washington, D.C. wards. With a total D.C. population of 702,250, the HDM program serves a subset of the population, specifically seniors, with varying degrees of coverage in each ward.

The data indicates that while Ward 7 has the highest number of enrolled clients (444) and serviced clients (429), it also has a substantial senior population of 12,089, representing 13.3% of its total population. In contrast, Ward 1, with a senior population of 6,508 (8.2%), has a significantly lower number of enrolled (137) and serviced (124) HDM clients. This suggests that the HDM program's reach may not be directly proportional to the senior population size in each ward.

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

Please See Attachment Q86 – DACL Meals Data

- f. Provide a list of congregate meal sites by Ward.

Please see Attachment Q86 – DACL Community Dining Sites

- g. If there are significant fluctuations in numbers from each FY, please explain its significance and reasoning.

Please see Attachment Q86 – DACL Community Dining Sites

87. How does DACL continue to bridge the gap between seniors connected to social media and online activities with those who are disconnected?

DACL uses a variety of communications channels to reach older District residents including in-person and virtual outreach activities, flyers, monthly printed newsletters distributed at sites throughout the city and digital newsletter, earned media opportunities in television, radio and newspapers, quarterly radio spots, and mass mailings.

DACL continues to promote agency updates through its paid media contracts, including a monthly newsletter in the Senior Beacon and the Washington Informer newspapers, as well as a quarterly radio spot on the SeniorZone. In addition, DACL has worked with media outlets to promote programs and services, including providing interviews for The Washington Post, WUSA9, Fox5, WJLA News 7, AfroNews, WTOP, WHUR, and Washington Informer. DACL also posts regular updates on its social media sites, which include Facebook (2,880 followers), X (formerly known as Twitter) (5,453 followers), and Instagram (2,336 followers), and sends a monthly e-newsletter to 10,167 subscribers.

In FY25, the DACL Director as well as the agency's Communications and External Affairs unit regularly joined the senior wellness centers and other senior service providers' monthly town halls to provide agency updates, budget presentations, and an opportunity for the public to provide feedback. Our team also regularly attends various

ANC Commission and Civic Association meetings across the District to provide presentations on our services and programs for seniors, caregivers, and adults with disabilities.

Additionally, DACL partnered with the Office of the Chief Technology Officer (OCTO) to hold more than 30 senior technology courses at various senior wellness centers and community dining sites, ranging from Smartphone 101 to Internet Safety, engaging close to 2,000 older adults.

DACL also continues to update the agency website regularly and on an as needed basis to ensure that current forms and information are available in a timely manner.

88. What other technological initiatives are planned for FY26 and onward to ensure that we close the digital gap?

OCTO through its DC State Broadband Office (DC SBO), continues to work diligently to close the digital divide within the District, particularly as it pertains to seniors. DC SBO regularly collaborates with DACL on a number of outreach-related initiatives including the following:

- DC SBO in partnership with DACL continues to provide digital literacy training to District residents through 101 training classes and workshops, which are regularly held at senior centers.*
- DC SBO also provides outreach workshops specifically for District seniors at annual and special events including Mayor Muriel Bowser's Annual Senior Holiday Celebration; Show and Tell at Congress Heights Senior Wellness Center; and Online Shopping Safety - Tech 101 Workshop (Valentines Day 2026) at the Hayes Senior Wellness Center, just to name a few.*

89. How many Senior Wellness Centers have a “tech hub”? For those that do not currently have a tech hub, what plans exist to introduce one?

OCTO was awarded a total allocation of \$100,694,786.93 under the Broadband Equity, Access, and Deployment (BEAD) Program as part of the 2021 Infrastructure and Jobs Act (IJA). These funds are currently in various stages of National Telecommunications and Information Administration (NTIA) approval.

However, due to NTIA's nationwide pause on BEAD Non-Deployment funding, approximately \$90 million planned for the District's non-deployment activities remain on hold pending further guidance. OCTO had initially begun a competitive bid process to use these funds for initiatives such as digital skills training for all ages, workforce development (especially in technology and healthcare careers), device access, and telehealth resources for seniors. These programs would have delivered significant benefits to District residents if allowed to proceed. In the meantime, DC SBO continues to await NTIA's direction on allowable uses of these funds.

As a result of this pause, Tech Hubs were not deployed at the District's Senior Wellness Centers. In lieu of these hubs, all six DACL Senior Wellness Centers received a grant

from the National Council on Aging (NCOA) to fund senior technology initiatives, ensuring equitable access to technology education for older adults. Instructional services are provided by individually contracted trainers, offering personalized guidance tailored to diverse learning needs. Additionally, WildTech delivers supplemental digital technology training at each center monthly and upon request, further expanding opportunities for seniors to confidently navigate the digital landscape.

90. What efforts are being made to combat senior isolation in the District?

DACL employs a comprehensive approach to combat senior isolation in the District, focusing on social engagement, access to services, and community-based support to keep older residents connected and thriving.

Signature Events and Social Engagement

- *Mayor’s Annual Senior Holiday Celebration and Centenarian Salute bring thousands of seniors together for community-building and celebration, reducing isolation during critical times of the year.*
- *Red, White & You and Cupid’s Kids (Valentine’s Day initiative) provide opportunities for social connection, including handmade cards for homebound seniors. These events are specifically designed to combat isolation during winter months when leaving home can be difficult.*

Senior Wellness Centers and Community Dining Sites

- *DACL operates Senior Wellness Centers and supports Friendship Cafés and Community Dining Sites across the District, offering daily opportunities for seniors to share meals, participate in wellness activities, and engage socially.*
- *Programs at community dining sites like Harvard Towers, Dunbar Apartments, Sarah’s Circle, and Claridge Towers focus on reducing isolation, improving access to nutritious meals, and fostering community connections.*

Transportation Access for Social and Medical Needs

- *Senior MedExpress provides free rides to medical appointments, ensuring seniors can maintain health and independence.*
- *Connector Card Program offers transportation subsidies for on-demand rides, helping seniors attend social events and essential services.*

Home-Based Support and Outreach

- *Home-Delivered Meals Program serves thousands of homebound seniors, pairing nutrition with regular contact to reduce isolation.*
- *Safe at Home Program enables seniors to age safely in familiar communities, reducing the risk of isolation caused by relocation.*

Innovative Community Outreach

- *Senior Ambassador Program trains trusted community members to connect older adults to services, provide culturally responsive support, and reduce barriers to engagement—especially for those facing language or digital access challenges.*

91. Are there efforts to connect seniors with ongoing volunteer and/or employment opportunities?

Yes, DACL connects seniors with both volunteer and employment opportunities to help them stay engaged and active in their communities.

For those seeking employment opportunities, DACL partners with the National Caucus and Center on Black Aging, Inc. (NCBA) and the Department of Employment Services (DOES) to connect seniors with the Senior Community Service Employment Program (SCSEP). SCSEP is a part-time, community service, and work-based training program designed to help older adults gain career skills through on-the-job training in community-based organizations within identified growth industries. This initiative allows seniors to either re-enter the workforce or remain active in their professional fields.

For those interested in volunteering, the Senior Ambassador Program provides a meaningful way for older adults to give back to their communities. As Senior Ambassadors, volunteers serve as trusted resources for other seniors, supporting DACL's outreach efforts at citywide events and activities. This program empowers seniors to stay engaged while helping their peers access critical services and information.

F. Transportation

92. How many clients received transportation services in FY23, FY24, FY25, and Q1 of FY26?

- a. Provide a breakdown of transportation services by Ward and the general reason for transportation (i.e., medical, recreational, etc.)
- b. If there are significant fluctuations in numbers from each FY, please explain its significance and reasoning.

Please see Attachment Q92 & Q98 – Transportation Data

93. How is DACL communicating transportation services to the community?

DACL holds outreach events throughout the community to provide information on programs and services, including transportation. Additionally, DACL's Information and Referral and Assistance (I&RA) team relays transportation options to seniors when they receive calls inquiring about transportation options. The Senior Service Network is also referring seniors to our Senior MedExpress and Connector Card programs while also informing seniors about other transportation options to their centers.

94. For Connector Card, what is the program's current cost per participant and cost per trip?

- a. How do these compare against FY23, FY24, and FY25 to-date funding targets?
- b. What percentage of total costs are administrative vs. direct subsidies, and have any changes yielded measurable savings?

The Connector Card program utilizes an income-based contribution scale to determine each participant's monthly payment. The cost per trip is based on the rideshare fare at the time of booking, which may vary depending on factors such as distance and time of day. Yellow Cab, on behalf of the Connector Card program, receives \$40,000 monthly to cover administrative fees. These fees

include personnel expenses, yearly licensing costs, and card management services.

- YCDC charges DACL a fixed monthly fee to administer the program.
- This fee covers staffing, vendor support, contribution funding, and all operational costs.
- YCDC does not bill DACL for individual expenses.
- YCDC funds monthly card reloads and absorbs related costs within the fee.

95. Have cost reductions from subsidy caps resulted in decreases in transportation access (fewer medical appointments, pharmacy trips, or grocery visits)?

- Does the agency roll the cost-savings back into the program?
- If so, how is this cost saving redirected within the program?

In FY25, no cost-reduction measures resulted in diminished transportation access for senior residents.

96. What is the distribution of trips by mode (Metrobus/rail, taxi, TNCs), and are there negotiated rates or partnerships that reduce per trip cost without reducing service quality?

Consumers are authorized to use their card for any form of ground transportation, including rideshare services, taxi providers, metro bus and rail systems, or other comparable transportation options. The program does not maintain negotiated rates or contractual agreements with individual service providers. All transactions conducted on these platforms are processed through the Visa debit network and will be approved, provided they adhere to the established program guidelines.

FY2025		
Transportation Mode	Amount	Number of Transactions
Amtrak	\$5,446.78	175
Charter Bus	\$6,012.50	111
Metrobus/Rail	\$240,110.92	6981
Ridehail	\$581,105.83	37790
Taxi	\$283,581.34	21463

FY2026 Q1		
Transportation Mode	Amount	Number of Transactions
Amtrak	\$1,389.00	45
Charter Bus	\$795.67	11
Metrobus/Rail	\$61,633.93	1696
Ridehail	\$137,756.23	8751
Taxi	\$65,829.21	5127

97. How is user feedback collected (surveys, hotline, community partners)?

- How quickly are policy changes (caps, reload rules) communicated to seniors?

DACL assesses the effectiveness of existing Senior Wellness Centers by gathering feedback through multiple channels. One key method is the monthly town halls held at the Senior Wellness Centers, where seniors can share their experiences, concerns, and suggestions for improvement. Additionally, DACL's nutrition team regularly collects surveys regarding lunch satisfaction, which helps gauge the quality of services provided and identify areas for improvement. DACL also works with Lead Agencies, who survey program participants to further assess the effectiveness of services.

These efforts are part of DACL's ongoing commitment to ensuring the wellness centers effectively meet the needs of seniors.

Policy changes, such as caps and reloads, are communicated to seniors immediately after they are approved by the Agency Director, and as soon as the communication method is approved, reviewed and sent out to the senior participants. Various communication methods have been used in the past, such as mailers and phone calls.

Please also see Attachment Q21 - Agency Solicitation for Feedback

98. How many individuals used the Senior MedExpress program in FY24, FY25, and Q1 of FY26?

Please see Attachment Q92 & Q98 – Transportation Data

99. How many total one-way trips and round-trip rides were provided through Senior MedExpress in FY24, FY25, and Q1 of FY26?

Please see Attachment Q99 – Senior MedExpress Data

100. How many ride requests were submitted to Senior MedExpress in FY24, FY25, and Q1 of FY26?

a. Of the ride requests submitted, how many were not fulfilled in each fiscal year, and what were the reasons for non-fulfillment?

Although the Senior MedExpress program does not decline approved ride requests, discrepancies occur between the total number of rides requested and the number completed due to participant cancellations or no-shows. Monitoring this variance is essential for understanding service utilization, improving scheduling efficiency, and ensuring resources are allocated effectively. The data below illustrates these trends for FY24, FY25, and Q1 FY26.

Trip Status	FY2024	FY2025	Q1 FY2026	Total	Completion Percentage %
Completed	63,981	64,382	14,340	142,703	93%
Cust. Cancelled	2,148	2,128	447	4,723	3%
No-Show	1,977	2,518	903	5,398	4%
Total	68,106	69,028	15,690	152,824	100%

101. What was the average cost per ride and per participant for the Senior MedExpress Program in FY24 and FY25?

In FY24, the program's average cost per ride was \$29, with an average expenditure of \$1,376 per participant. In FY25, the average cost per ride increased to \$34, and the average expenditure per participant rose to \$1,552.

102. Has DACL identified any capacity limitations affecting the Senior MedExpress program, and if so, what are they?

No, the program operates under a daily capacity limit managed by Yellow Cab to ensure essential rides remain within budget. Priority is given to dialysis and chemotherapy appointments. The daily cap has not impacted the functionality or efficiency of the Senior MedExpress Program.

G. Senior Wellness Center

103. Please discuss the current operations status of each senior wellness center and include the following information for each center:

- a. Average number of daily and weekly participants.
Please see Attachment Q103 – SWC Participation Count
- b. Activity type(s) available.
Each Senior Wellness Center offers a variety of activities designed to support overall well-being and personal growth, including:
 - *Health and Fitness Classes – Stay active and improve physical health through tailored exercise programs.*
 - *Nutrition Counseling – Learn healthy eating habits and personalized nutrition strategies.*
 - *Artistic Expression – Explore creativity through art, music, and other forms of self-expression.*
 - *Education and Training – Gain new skills and knowledge through workshops and classes.*
 - *Mental Health and Well-being – Access resources and activities that promote emotional resilience and mindfulness.*
- c. Safety and cleaning measures.
Safety and cleanliness at senior wellness centers remain a top priority. Each center is staffed with a full-time security guard to ensure a safe environment for all participants. In addition, a dedicated environmental services team provides continuous cleaning throughout operating hours, maintaining high standards of hygiene and sanitation. These measures are essential for creating a secure and welcoming space where older adults can confidently engage in programs and activities.
- d. Admission/Eligibility Criteria
Participation in the lunch program at Senior Wellness Centers is subject to specific eligibility requirements to ensure services are provided to the intended population. Each participant must be a resident of the District of Columbia and at least 60 years of age. Additionally, individuals must complete a DACL intake form and a nutrition screening form before enrolling in the lunch program. These forms help verify eligibility and assess nutritional needs, enabling DACL to provide meals that support the health and well-being of older adults. By maintaining these requirements, DACL ensures that resources

are allocated appropriately and that seniors receive services tailored to their needs.

e. Program Participation Criteria

Participation in fitness classes at Senior Wellness Centers requires a physician's clearance form, completed by the participant's doctor, to confirm their ability to safely engage in physical activity programs. This requirement is in place to protect the health and well-being of older adults by ensuring that any underlying medical conditions or physical limitations are considered before participation. The clearance process helps prevent injuries and promotes a safe environment for exercise, allowing instructors to tailor activities to meet individual needs. By implementing this measure, DACL reinforces its commitment to providing inclusive, health-conscious programming that helps seniors maintain active, healthy lifestyles.

104. What issues/needs have been raised in FY25 and Q1 of FY26 by each senior wellness center? Have they been resolved? Why or why not?

During FY25 and Q1 FY26, senior wellness centers consistently reported three primary needs: additional space, increased staffing, and larger budgets to support expanded operations and better serve seniors. These needs reflect the growing demand for programs and services as more older adults seek opportunities for social engagement, fitness, and wellness activities. Limited space often restricts the number and variety of classes offered, while staffing shortages affect the quality and frequency of programming. Likewise, budget constraints hinder the introduction of new initiatives and facility upgrades.

In addition to these operational challenges, several maintenance issues were reported across the centers. While minor problems were resolved promptly, others require more complex repairs that demand additional resources and coordination. Addressing these needs is critical to ensuring that wellness centers remain safe, accessible, and equipped to meet the evolving needs of the District's senior population.

105. Have there been or are there planned changes or expansions to the facility of each center? If so, please specify the changes.

There are currently no planned facility changes to any of the senior wellness centers.

106. For each senior wellness center, please provide a list of the top 3 programs with the highest attendance.

Senior Wellness Center	Top 3 Activities
<i>Ward 1 - Bernice Fonteneau SWC</i>	<i>Chair Aerobics, Line Dancing, Enhance Fitness & Arthritis Exercise</i>
<i>Ward 4 - Hattie Holmes SWC</i>	<i>Line Dance, Aerobics, Enhance Fitness</i>
<i>Ward 5 - Model Cities SWC</i>	<i>Nutrition Education, Total Fitness, Club Memory</i>
<i>Ward 6 - Hayes SWC</i>	<i>Fitness, Transportation Trips, Line Dancing</i>
<i>Ward 7 - Washington SWC</i>	<i>Enhance Fitness, Trips to Martha's Table, Bingo</i>
<i>Ward 8 - Congress Heights SWC</i>	<i>Physical Fitness, Health Education, Socialization</i>

107. Please provide the status of DACL’s expansion of the Model Cities Senior Wellness Center in Ward 5 and the Congress Heights Senior Wellness Center in Ward 8.
In FY19, \$1.5 million was allocated within DACL’s capital budget for the expansion of the Model Cities Senior Wellness Center (Ward 5) and the Congress Heights Senior Wellness Center (Ward 8). DGS and DACL collaborated with participant task forces at both centers to finalize the designs for each site.

In FY20, due to the COVID-19 pandemic, the expansions were temporarily put on hold but have since resumed. As a result of volatile market conditions stemming from the pandemic, the agency, in coordination with the Mayor’s budget team, allocated an additional \$500,000 to fully fund the Model Cities project and \$132,911 to complete the Congress Heights project.

The Congress Heights Senior Wellness Center renovation was completed in summer 2023, and the Model Cities Senior Wellness Center was completed in winter 2024.

108. Please describe the status of the Senior Ambassador Program and its outreach efforts, thus far.

Senior Ambassador Training Program Overview

In FY25, DACL trained 109 Senior Ambassadors through its Senior Ambassador Training Program, designed for DC residents aged 60 and over, residents aged 18 to 59 with disabilities, and caregivers. This program equips Ambassadors with the knowledge and tools to share information about DACL and its partners, helping to connect seniors and individuals with disabilities to essential services and resources.

Program Structure & Training

The training sessions were offered in English, Spanish, Amharic, French, and Mandarin Chinese, using multilingual training videos, written materials, and live presentations. Each session lasted two hours. Upon completion, Ambassadors received a certificate, an official Ambassador polo, a messenger bag, a lapel pin, and a DACL flyer pack showcasing the department’s programs and services.

Ambassador Engagement & Impact

Currently, over 80% of trained Ambassadors are actively involved in outreach efforts across the District. They play a vital role in engaging the community by:

- Participating in major annual events such as the Mayor’s Senior Holiday Party, Senior Fest, and the Senior Symposium.*
- Serving on mini commissions and collaborating with community partners.*
- Tabling at community events and organizing activities at churches and social gatherings.*
- Conducting voter registration drives to encourage civic engagement among seniors.*

Ambassador Training by Language

Language Number of Ambassadors Trained

- English- 78*

- French - 0
- Chinese/Mandarin -0
- Spanish -31
- Amharic -0

Total 109 Ambassadors

The Senior Ambassador Program continues to be a cornerstone of DACL's outreach efforts, empowering seniors and caregivers to become trusted messengers and advocates within their communities.

109. How does the Department of Aging and Community Living assess the effectiveness of existing Senior Wellness Centers in meeting the needs of seniors?

DACL assesses the effectiveness of existing Senior Wellness Centers by gathering feedback through multiple channels. Monthly town halls held at the Senior Wellness Centers are a place where seniors can share their experiences, concerns, and suggestions for improvement. Additionally, DACL's nutrition team regularly collects surveys regarding lunch satisfaction, which helps gauge the quality of services provided and identify areas for improvement. DACL also works with Lead Agencies, who survey program participants to further assess the effectiveness of services. These efforts are part of DACL's ongoing commitment to ensuring the wellness centers effectively meet the needs of seniors.

Policy changes, such as caps and reloads, are communicated to seniors immediately after they are approved by the Agency Director, and as soon as the communication method is approved, reviewed and sent out to the senior participants. Various communication methods have been used in the past, such as mailers and phone calls.

110. What measures are in place to ensure that programs are culturally and linguistically appropriate for the diverse senior population in DC?

DACL partners with sister agencies to ensure the diverse senior population is served through culturally and linguistically appropriate outreach. Training and materials are delivered in relevant languages and community settings. For example, programs targeting the Hispanic community include Spanish-language literature, while dining sites serving Jewish and other faith-based communities offer meals tailored to religious dietary requirements.

We also collaborate with the Office of Disability Rights and its Division of Deaf, DeafBlind, and Hard of Hearing to ensure residents who communicate in ASL can fully participate and socialize with other seniors. Additionally, we work closely with the Mayor's Office on LGBTQ+ Affairs to address the unique needs of LGBTQ+ older adults.

Program analysts and nutrition staff regularly visit sites to confirm that services meet the needs of all seniors, reinforcing our commitment to equity and inclusion across the District of Columbia.

111. How does the department collaborate with community organizations to enhance the services offered at Senior Wellness Centers?
DACL partners with a wide range of community organizations to strengthen the services offered at Senior Wellness Centers. By leveraging the expertise and resources of these partners, DACL delivers comprehensive support that addresses seniors' physical, mental, and social well-being. Examples of these collaborations include:
- **Capital Area Food Bank:** Ensures seniors have access to nutritious food to meet their dietary needs.
 - **Trinity University, GW University, and Howard University:** Provide medical and nursing students who assist with health screenings, assessments, and health education throughout the fiscal year.
 - **University of the District of Columbia (UDC):** Offers nutrition workshops and cooking demonstrations to promote healthy eating habits.
 - **HelpAge USA:** Implements the Friendship Bench DC program at most wellness centers, providing an evidence-based approach to talk therapy in a safe, supportive setting.
 - **American Red Cross:** Supplies volunteers who deliver emergency preparedness presentations, equipping seniors with essential safety knowledge.
 - **Washington MedStar Hospital Center:** Hosts the "Ask a Doc Series" and other health education workshops, giving seniors access to expert medical advice.
 - **Metropolitan Police Department (MPD):** Conducts regular visits to share safety tips and foster community engagement.
 - **AARP, in collaboration with Legal Counsel for the Elderly (LCE):** Engages seniors through its Senior Medicare Patrol volunteers, who provide updates on Medicare and guidance on identifying fraud.
 - **Fire and Emergency Medical Services (FEMS):** Provides safety tools for homeowners and ongoing support for senior services.
 - **Prevention of Blindness Society of Metropolitan Washington:** Committed to improving vision and quality of life through services such as visual acuity testing, glaucoma screenings, free eyeglasses with fittings, and vision health education.
112. How are the needs of seniors in Wards 2 and 3 currently being met in the absence of dedicated wellness centers?
In Wards 2 and 3, in the absence of brick-and-mortar wellness centers, DACL provides funding to IONA Senior Services for "Around Town DC" which consists of a robust series of virtual and in-person fitness and wellness classes throughout Wards 2 and 3. Virtual classes are offered through the IONA website; and in-person classes are hosted at IONA Ward 2 and Ward 3 dining sites, Wards 2 and 3 DC Public Libraries, DPR sites and other community locations.
113. How does the department plan to fund the construction and operation of the new wellness centers?
A total of \$30 million has been allocated for the construction of the new Wellness Center in Ward 2. Of this amount, \$3 million will be available in FY29 for design, and \$27 million will be available in FY30 for construction.

114. How does the department plan to sustain and expand wellness programs in the future to accommodate the growing senior population in DC?
To maintain and enhance wellness programs in the future, the department plans to continue the regular assessment of program effectiveness and continue the ongoing collection of senior feedback to expand services to meet diverse needs. Wellness initiatives will continue to be integrated into daily operations, leveraging technology for greater accessibility and collaborating with external experts to actively promote a culture of wellness across the Agency's network.

115. What proactive measures are being undertaken to assess necessary repairs at wellness centers in the district? Please describe any repairs that occurred during FY25 and Q1 of FY26. Please list any repairs planned for FY26?
Regular site visits and inspections are conducted to identify potential issues early. There is an ongoing communication with wellness center directors to ensure that facility issues are addressed promptly. A structured work request system through Salesforce is submitted to allow staff to document needed repairs, track progress, and maintain accountability. High priority maintenance requests are flagged and escalated to leadership and DGS. Additionally, DACL collaborates with DGS and external contractors ensures timely assessments, repairs, and preventive maintenance. Follow-ups are conducted after repairs to verify that issues are fully resolved, and facilities remain in optimal condition.

FY25 and FY26 repair includes parking lot gate, clogged sinks, toilets, HVAC motor, and sump pump replacements. There are no planned repairs for FY26. These repairs occur as the need arises.

H. Lead Agencies

116. 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.
Please see Attachment Q116 – Lead Agency Services

117. Please indicate the operating status of each Lead Agency (i.e., virtual, in-person). If the agency is still virtual only, please indicate when they plan to open in-person services again.

Community dining sites and senior wellness centers operated by DACL's lead agencies are open for in-person services Monday through Friday, providing older adults with access to nutritious meals, social engagement, and wellness activities. One of our wellness centers also operates a weekend meal program. In addition to these in-person offerings, some centers also offer hybrid programming, allowing seniors to participate virtually when in-person attendance is not possible. These programs are designed to promote health, reduce isolation, and create opportunities for older adults to stay connected and active within their communities.

118. Please provide the number of seniors assisted at each Lead Agency in FY24, FY25 and Q1 of FY26.
Please see Attachment Q118 – Lead Agency Seniors Assisted

119. Please describe how each Lead Agency performs outreach to communities.

Lead Agency community outreach focuses on informing older adults and caregivers about DACL's services. This is achieved through tailored presentations at events such as fairs, conferences, and community gatherings. The team also partners with senior housing communities to reach isolated older tenants and leverages community listservs to expand their reach. The primary goal is to increase awareness of DACL's services and encourage greater participation in the programs.

120. Please provide details on how DACL conducts oversight and review of each Lead Agency throughout the year.

Lead Agency grantees are required to comply with all terms and conditions outlined in the Notification of Grant Award (NGA). Grantees must monitor every aspect of grant performance, including any subcontracted work provided by other entities under the grant program. They are responsible for maintaining accurate documentation of all expenditures and actions taken, and for establishing policies, processes, and practices that ensure quality assurance.

DACL's monitoring of grant compliance and performance includes, but is not limited to:

- *Observations and interviews*
- *Collection and review of reports, documents, and data*
- *Any other activities necessary to assess compliance*

These monitoring efforts determine the grantee's adherence to District and/or federal requirements and evaluate whether operational, financial, and management systems are sufficient to account for program funds.

Site Visits:

DACL conducts both announced and unannounced site visits during normal operating hours. Grantees and their agents are expected to fully cooperate with DACL representatives during these visits. Following a formal site visit, DACL issues a report detailing findings, concerns, recommendations, required corrective actions, and any other necessary measures. Grantees should anticipate at least two site visits per fiscal year.

Compliance Enforcement:

If a grantee fails to comply with the terms and conditions of the grant or the Grant Policy Manual, DACL may issue a Notice of Deficiency.

121. Please discuss the status of case management and any feedback received, thus far.

DACL Case Management tracks services in the CSTARs database. On average, DACL receives 100 to 140 new referrals each month. The Case Management team addresses immediate needs and works with seniors and individuals aged 18–59 with disabilities to help resolve issues, achieve goals, and connect them to community resources.

DACL has received positive feedback on its case management services. Clients, as well as internal and external partners, have praised case managers for their quality customer

service, professionalism, helpfulness, and kindness; their thorough and reassuring approach; responsiveness to client needs; knowledge of available resources; and the value of having a “live” person who answers the phone and helps navigate the system.

In FY25, DACL held biweekly meetings with the social work team, often including community partners—to discuss case management services, build relationships, and collaborate on streamlining services and resource delivery.

122. Please include the quarterly scorecards for grantees for their services that were conducted in FY25 and Q1 of FY26.

The Department on Aging and Community Living has ceased the practice of utilizing quarterly scorecards for grantees. In FY20, DACL implemented an internal Grantee Profile system to optimize the tracking of programmatic and financial data. The current monthly M-1 invoice template allows DACL to effectively monitor grantee expenditure rates. Furthermore, DACL tracks grantee progress towards goal completion through a comprehensive monthly report.

123. Please discuss any changes in DACL’s process for distributing funding to its grantees from FY25 to FY26?

DACL has introduced a revamped funding distribution approach for lead agencies serving all eight wards, segregating funding for lead agencies and non-lead agency programs. This change aims to enhance the accuracy of program reporting and expenditure documentation by grantees. The separation of funds enables DACL to effectively monitor and track specific program expenditures. Furthermore, to streamline the funding process and establish a robust system of accountability, DACL has created a clear funding division for grantees covering multiple wards to make the funding process more efficient and ensure accountability.

124. Has DACL made any improvements to its grant processes in FY25? Q1 of FY26?

In FY25 and Q1 of FY26, no revisions or enhancements were made to the grant administration procedures. The existing process will continue to be monitored closely, and any necessary adjustments will be implemented to maintain efficiency and compliance.

125. How do the changes in funding distribution impact service delivery?

The changes in funding distribution have several impacts on services delivery. It improves accuracy, accountability, and program monitoring and streamlines funding process, program reporting, and budget allocation.

The changes in funding distribution aim to create a more efficient, accountable, and targeted system, ultimately influencing service delivery by promoting better financial management, transparency, and responsiveness to the diverse needs of the community across all eight wards.

I. Senior Villages

126. Please give a detailed description of each senior village, including:

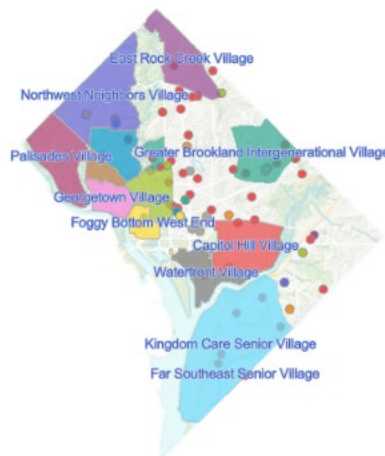
- a. Updated status of the village;
 - b. Description of programs carried out at each village;
 - c. Operating budget of each village;
 - d. Biggest challenge that each village faces; and
 - e. Anticipated changes and/or improvements for FY26.
- Please see Attachment Q126 - Senior Villages*

127. Please indicate whether funding for Senior Villages in FY25, Q1 of FY26, has been sufficient.

The Villages' FY25 budget is \$1,062,536.00. Each Village receives \$42,000.00 per fiscal year to operate its own Village program. In addition, Foggy Bottom West End Village receives an extra \$30,235.00 to support the Assistant Director in managing administrative tasks for all 13 Villages, including submitting invoices.

Furthermore, the DC Village Collaborative (DCVC) was allocated \$100,000 in Village funds for the development of two new Villages in Ward 7, which were completed in November of FY26. DCVC continues to collaborate with churches and community members in areas without Villages to assist seniors. Overall, funding for each Village is sufficient.

128. Please provide a map that indicates the service areas for Senior Villages.
- a. Please describe what efforts have been made to facilitate the opening of new Senior Villages?
 - b. Where are the current gaps in service?



Currently, there is a gap in Village coverage in Ward 5, and plans are underway through the DC Village Collaborative (DCVC) to identify a suitable site and begin the process of opening a Village in FY27. This effort is part of a broader strategy to ensure equitable access to Village programs across all wards. In Ward 7, DCVC launched two new Villages in November of FY26 at Zion Baptist Church of Eastland Gardens and Pennsylvania Avenue Baptist Church. These new Ward 7 Villages also serve as DACL dining sites, further enhancing access to nutritious meals for older adults. The addition of these Villages strengthens the network of

community-based support for seniors, offering opportunities for social engagement, volunteer assistance, and essential services.

Expanding Village coverage in these areas reflects DCVC's commitment to meeting the growing demand for resources that promote independence, well-being, and connectedness among seniors throughout the District.

J. Racial Equity and Social Justice

129. Please list three opportunity areas, programs, or initiatives that DACL may facilitate to address racial inequity.

Enhancing Support for Seniors with Alzheimer's Disease and Related Dementias (ADRD): *DACL is committed to addressing racial disparities in Alzheimer's care by increasing access to early diagnosis, specialized care, and community-based resources. Black women over age 60 face a significantly higher risk of developing ADRD due to systemic healthcare disparities. To address this, DACL partners with Iona Senior Services, Genevieve N. Johnson Senior Day Care, and Sibley Senior Association to provide education, caregiver support, and engagement opportunities. These grantees track and report outreach efforts to ensure equitable access to dementia care and critical resources.*

Expanding Senior Village Services in Ward 7: *Senior Villages provide essential services such as transportation, social engagement, and home maintenance, yet historically only one of the 13 existing Villages in the District was located East of the River. In FY26, DACL successfully established two new Senior Villages at Pennsylvania Avenue Baptist Church and Zion Baptist Church of Eastland Gardens, both in Ward 7. Through our grantee, the DC Villages Collaborative (DCVC), targeted outreach continues via Ward 7 churches, civic associations, and community groups to ensure seniors—particularly low-income, single, widowed, or divorced African American women over age 60—receive the same level of support as their peers in other parts of the city. DCVC reports quarterly on engagement efforts and the number of seniors served.*

Expanding Nutrition Services in Historically Underserved Areas: *To address food insecurity and promote social engagement in historically underserved areas of the District, DACL is expanding nutrition services East of the River by adding **two new dining sites** at **Zion Baptist Church of Eastland Gardens** and **Pennsylvania Avenue Baptist Church**, both located in Ward 7. These sites provide nutritious meals and create opportunities for seniors to connect with their community, reducing isolation and improving overall well-being. This expansion reflects DACL's commitment to equity by ensuring seniors in Wards 7 and 8 have the same access to high-quality nutrition services as those in other parts of the city.*

K. Housing

130. Please provide details on the types of housing services or programs that DACL provides, which may include collaboration with other private or public entities. *DACL provides the Senior Voucher Program in collaboration with the DC Housing Authority (DCHA). The Senior Voucher Program provides a small amount of*

housing vouchers, some of which have age and household requirements – examples include Non-Elderly Disabled (NED) and Mainstream. DACL determines eligibility for vouchers and assists with the application process and submit to DCHA for final approval.

DACL works with DCHA to promote the Shallow Subsidy Program, The Shallow Subsidy Program assists eligible seniors, 62 years of age and above, in paying their rent. Seniors approved for the program receive a monthly payment via Direct Deposit or check.

DACL has a comprehensive housing resource guide to assist with education and options counseling. Additionally, DACL's Community Transition Team works with seniors in long-term care facilities who wish to transition back to the community. This process can include housing identification, apartment setup, and arranging any necessary accommodations for safe living.

131. Does DACL refer residents to financial education, such as home financing, foreclosure prevention, reverse mortgage, etc.? Please provide details of programs and services provided and/or referred out.
DACL's Case Management and Adult Protective Services (APS) teams receive housing-related referrals for seniors who are interested in moving, facing eviction, undergoing foreclosure, falling behind on rent or housing expenses, or experiencing homelessness and in need of housing. Case managers work to connect seniors with low-barrier shelters, DHS homeless service providers, Emergency Rental Assistance, Shallow Subsidy, HUD-subsidized housing, privately subsidized housing, tax credit properties, assisted living facilities, nursing facilities, Project Reconnect, the Homeowner Assistance Fund, foreclosure prevention resources, Housing Counseling Services, and other community-based housing organizations. They also refer clients to Legal Counsel for the Elderly for legal assistance in preventing evictions.
132. Does DACL receive inquiries regarding home purchase or rental programs?
The DACL Housing Coordinator receives minimal inquiries regarding home purchases. Such inquiries are referred to the Department of Housing and Community Development (DHCD) and Housing Counseling Services (HCS). DACL receives many calls regarding rental properties and utilizes DACL's housing resource guide to educate seniors on options throughout the District.
133. What is the frequency of DACL communicating with senior housing buildings? Please include private and public housing buildings.
DACL is in frequent communication with senior housing buildings across the District. The Housing Coordinator communicates monthly with the private senior housing buildings seeking upcoming vacancies. We collaborate with DCHA for updates on the public housing waitlist or openings. Our External Affairs and Communications team holds outreach events at both private and public senior buildings at least four times per month. The Community Transition team works to assist individuals to transition into buildings when there are appropriate vacancies. Our Case Management team interacts

with senior housing buildings daily to assist clients who are seeking housing or need assistance navigating housing challenges.

134. What information is available through DACL regarding the need for housing or the senior population? Please identify the needs by income levels, household size, age, and Ward.

Please see responses to questions 130 and 131.

135. How many referrals has DACL made to the Shallow Subsidy program in FY25 and Q1 of FY26?

Number of Shallow Subsidy Referrals	
FY 25	69
FY 26 Q1	20

II. Commission on Aging- Specific Questions

1. Please provide a list of the Commission’s current members. For each member, please provide the following:

- a. The member’s name;
- b. The Ward, agency or organization the member represents;
- c. Who appointed the member;
- d. When the member’s term expires;
- e. Committee membership within the Commission; and
- f. Attendance record.

Commission on Aging Voting Members <i>as of January 2026</i>					
First Name	Last Name	Term Ends	Ward	Appointment Authority	Committees
Kyle	McGregor	10/28/2027	2	Mayor	None
Maria	Anderson	10/28/2026	1	Mayor	None
Barbara	Hirsch	10/28/2028	2	Mayor	None
Edgar	Sheppard	10/28/2027	5	Mayor	None
Reginald	Watson	10/28/2028	4	Mayor	None
Frances	Johnson	10/28/2026	5	Mayor	None
Karen	Zuckerstein	10/28/2026	3	Mayor	None
Charles	Hicks	10/28/2026	6	Mayor	None
Roxeanne	Moreland	10/28/2026	8	Mayor	None
Jeannette	Mobley	10/28/2028	5	Mayor	None

For attendance, please see Attachment Q19 – COA Meeting Minutes and Agendas

2. Please discuss any efforts that the Commission has taken in recruiting new Commission members.

In FY25, the Commission, with assistance from Councilmembers and the Department of Aging and Community Living (DACL), worked diligently to expand its membership.

Commissioners actively attended DACL-sponsored and other community events, successfully recruiting five new members to strengthen representation and expertise.

3. What is the Commission doing to promote greater diversity in the composition of the Commission’s membership?

The Commission is committed to ensuring diversity and inclusion in its membership. Commissioners have engaged Councilmembers representing underrepresented wards, visited senior facilities serving diverse ethnic groups, and connected with seniors at community events. These efforts have resulted in a significant increase in diversity since 2024, ensuring the Commission reflects the broad demographics of the District’s older adult population.

4. Please provide a list of the Commission’s meeting dates, times, and locations, whether a quorum was reached, for FY25 and FY26 to date.

Date	Time	Location
1/22/2025	10am	500 K St NE / Teams
3/26/2025	10am	500 K St NE / Teams
4/23/2025	10am	500 K St NE / Teams
5/28/2025	10am	500 K St NE / Teams
9/24/2025	10am	500 K St NE / Teams
10/1/2025	2pm	Teams
10/22/2025	10am	Lamond-Riggs Lillian J. Huff Library
1/28/2026	10am	Teams

5. Please provide a list of upcoming committee’s meeting dates, times, and location for FY26.

Date	Time	Location
2/26/2026	10am	500 K St NE / Teams
3/25/2026	10am	500 K St NE / Teams
4/22/2026	10am	500 K St NE / Teams
5/27/2026	10am	500 K St NE / Teams
6/24/2026	10am	500 K St NE/ Teams
9/23/2026	10am	500 K St NE/ Teams

6. Please discuss the Commission’s role in DACL and whether there is opportunity for increased involvement.

The Commission plays an advisory role by providing feedback on key DACL programs, including wellness, nutrition, transportation, and case management. Commissioners have also encouraged DACL leadership to engage on issues impacting seniors, such as changes to bus routes. There is opportunity to deepen this collaboration by expanding the Commission’s involvement in strategic planning and policy development.

7. Please describe the Commission’s goals in FY26 and the plan/timeline for completion. What were the key takeaways from the Commission’s 2025 Retreat?

The Commission's FY26 goals include:

- *Supporting transportation programs such as Connector Cards.*
- *Strengthening interagency cooperation to address housing and health issues (e.g., bed bug and rodent infestations).*
- *Monitoring demographic trends that affect service demand.*
- *Advancing construction of Senior Wellness Centers in Wards 2, 3, and 8.*
- *Exploring the feasibility of a “one-stop application shop” to simplify processes and improve access to programs.*

The FY25 retreat, held in October, was highly informative and particularly valuable for new members. It provided insights into emerging issues and fostered collaboration. While leadership gaps and scheduling conflicts impacted late-year meetings, the Commission remains committed to incorporating input from new members into its planning.

8. What were the Commission's biggest accomplishments in FY25?

Biggest Accomplishments in FY25

- *Facilitated engagement between seniors, WMATA, and the Department of Transportation regarding bus route changes.*
- *Organized mini commissions in Wards 4, 5, 7, and 8 to strengthen local advocacy and collaboration with agencies and Council offices.*
- *Connected seniors with critical resources through partnerships with the Office of the People's Counsel, Office of Tenant Advocate, Adult Protective Services, and Department of Human Services.*
- *Participated in feasibility study for new Senior Wellness Centers in Wards 2 and 3.*
- *Hosted a live cooking demonstration by a DC chef to promote healthy eating.*

9. What challenges does the Commission face in meeting its goals?

The Commission faces challenges including:

- *Lack of a dedicated webpage to share its mission, membership, and contact information, making outreach difficult.*
- *Leadership gaps and scheduling conflicts during the second half of FY25.*
- *Limited engagement from some agencies whose operations impact seniors, such as the Department of Buildings, which influences housing conditions in multi-family developments.*

10. How does the Commission represent and solicit feedback from residents? Please describe:

- a. The process for soliciting feedback and number of submissions
- b. What the Board/Commission has learned from this feedback
- c. How the Commission has changed its practices because of such feedback

Commissioners use multiple approaches to gather feedback:

- *Mini-commissions in Wards 4, 5, 7, and 8 engage residents directly.*
- *Participation in senior-serving organizations, wellness centers, nutrition programs, and villages.*

- *Monitoring issues raised at Advisory Neighborhood Commission meetings (e.g., Better Bus initiative).*

Feedback has informed Commission priorities, including transportation advocacy and housing concerns, and led to increased collaboration with agencies to address these issues.

11. Are any Commissioners pending confirmation by MOTA? How long have they been pending?

There are currently no pending applications or confirmations by MOTA.

12. Please discuss the role of mini-commissions. Additionally, when were they established? How many are there and how are members recruited? How do you measure the mini-commissions' engagement and success?

*Mini-commissions, established under the 1980 amendment to the District of Columbia Act on Aging, serve as ward-based advocacy groups identifying local issues and elevating concerns to the Commission. Currently, there are **three active mini-commissions (Wards 4, 7, and 8)** and one reorganizing in Ward 5. Mini-commissions have successfully raised awareness and facilitated solutions, including:*

- *Presentations from the Office of the People's Counsel on utility assistance.*
- *Tenant rights education and eviction prevention by the Office of Tenant Advocate.*
- *Mental health and stress management sessions by Adult Protective Services.*
- *Homelessness prevention support from the Department of Human Services.*
- *Healthy cooking demonstrations by lead agencies to promote better nutrition.*