

# DISTRICT OF COLUMBIA OFFICE ON AGING ACTUARIAL STUDY

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**pr m** CONSULTING  
GROUP

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**CONFIDENTIAL**

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# BACKGROUND

The mission of the District of Columbia Office on Aging (“DCOA”) is to advocate, plan, implement, and monitor programs in health, education, employment, and social services which promote longevity, independence, dignity, and choice for older adults and people living with disabilities and caregivers.

The District of Columbia Government retained PRM Consulting Group, Inc. (“PRM”) to conduct an independent actuarial study of DCOA’s Senior Services Network, Aging and Disability Resource Center (“ADRC”) and other Providers’ cost of service provisions, to adjust the existing unit cost reimbursement, develop a new mechanism for a performance-based reimbursement and quality assurance methods.

The new mechanism developed will assist DCOA in obtaining relevant data that measures activities and links it to the reimbursement method. Data should include the grantee’s ability to provide timely and appropriate care, capacity to provide care, resource usage, the care process and outcomes, as well as the customer’s experience and satisfaction.

This report details PRM’s findings and includes the following information:

- A review of the study objectives;

- An explanation of the methodology and tools employed by PRM to gather the study data and analyze its results; and
- The study findings.

This study was designed to provide the DCOA with an impartial analysis of their existing unit cost reimbursement rates and develop a new mechanism for a performance-based reimbursement and quality assurance methods in the following areas:

- ADRC Services
- Advocacy
- Caregiver Services
- Counseling
- Education
- Employment
- Financial Services
- Health & Wellness
- Health Promotion
- Housing

- In-home Support
- Insurance Advocacy
- Legal Counseling
- Meal and Nutrition Services
- Recreation and Socialization
- Transportation
- Wellness

In addition to the predetermined study categories listed above, this report also identifies other recommendations and suggestions provided by study participants. Anecdotal comments provide valuable qualitative feedback that will provide greater detail and insight into the issues that Providers regard as important.

A number of critical factors exist which will either support or impede progress of a performance based reimbursement; these include:

- Transition assistance moving from the

existing unit cost reimbursement and quality assurance strategy to a new mechanism;

- Readiness of the Vendors to accept a new unit reimbursement process and quality assurance method and trained staff to implement the new processes;
- Capacity of the DCOA's office to efficiently and effectively communicate a new cost reimbursement and quality assurance requirement in a timely manner;
- Capacity of the DCOA Project Management Team to plan and manage multiple Vendors' customer satisfaction methodologies, corrective actions and enforcement tasks;
- IT equipment, software, technical support and program evaluation staff needed for implementation; and
- Availability of accurate and sufficient data for analysis.



# EXECUTIVE SUMMARY

This report provides DCOA with our findings and recommendations. The next section describes the approach we used to undertake the study. This is followed by a description of the District of Columbia Office on Aging, and then a description of the DCOA grantees who are responsible for providing services to the District's residents.

We were tasked with reviewing the existing unit cost reimbursement and developing a new mechanism for a performance-based reimbursement and quality assurance methods. We therefore examined the unit costs from state-wide reports prepared annually for the Administration on Community Living, in particular the National Aging Program Information System (NAPIS) reports for the District of Columbia (DC) and several other similarly situated jurisdictions, including Delaware and Rhode Island. We also examined the invoices and grantee awards for all providers and analyzed the unit cost reimbursement rates in place today. The report includes a summary of the current performance metrics and a section with our detailed recommendations.

The report uses the specialized terminology for services provided to older adults and people with disabilities. For readers unfamiliar with these terms, we have prepared a glossary at the end of the report with the definitions of these terms, abbreviations, and acronyms.

## ACKNOWLEDGMENTS

PRM wishes to acknowledge and express our appreciation for the time that stakeholders devoted to meeting with us and provide us with valuable information for this study.

## RECOMMENDATIONS

Our recommendations are as follows:

### RECOMMENDATION 1

We recommend that the unit cost reimbursement rates be updated in line with changes in the Employment Cost Index for total compensation. We believe the Health Care and Social Assistance occupational group under the "for private industry workers" category are the most appropriate index for DCOA. Updating rates since March 2009 results in a one-time increase of 8.9%. By way of reference, since March 2009 inflation has increased by 8.7%.

**RECOMMENDATION 2**

We recommend that DCOA update the reimbursement rates annually.

**RECOMMENDATION 3**

We recommend that DCOA consider adding higher reimbursement rates to accommodate non-standard situations.

**RECOMMENDATION 4**

We recommend that DCOA require each grantee to prominently display the DCOA logo and acknowledge that they receive funding from the DCOA.

**RECOMMENDATION 5**

We recommend that DCOA implement a standardized client satisfaction survey and publish the results.

**RECOMMENDATION 6**

We recommend that DCOA replace CSTARS and implement a more efficient and effective administration system.

**RECOMMENDATION 7**

We recommend that DCOA document and communicate volunteer testimonials.



# ACTUARIAL STUDY APPROACH

The methodology employed in this study consisted of the following four phases: Discovery, Analysis of Invoices and Reimbursement Rates, Stakeholder Interviews, and External Interviews and Information.

## DISCOVERY

This stage of the study focused on the gathering of background information to ensure that the research team had a thorough understanding of the issues and concerns relating to the study. Meetings were held with DCOA and Provider personnel, and documents relating to the FY 2014 Grantee Budget and Payment policies and operational procedures were requested and reviewed. Interviews were also conducted with the leadership representatives from the lead agencies, and a tour was made of the several agencies. A critical review of the invoices from the Providers was also performed. These reviews gave the research team a thorough background for designing the methodology of this study.

## ANALYSIS OF INVOICES AND REIMBURSEMENT RATES

PRM requested and obtained invoices, copies of budgets, organizational charts and mid-year operational results for each of the lead agencies for the District's eight Wards, as well as financial

summaries for agencies that provide core services across Wards.

To gain insight into the challenges agencies are facing with the current reimbursement rates, PRM:

- Constructed interview guides, obtained DCOA feedback, incorporated recommendations and finalized the instrument into a four-page questionnaire to collect the study data.
- Obtained contact information for representatives from each of the lead agencies and scheduled on-site meetings to collect the data.
- Participated in DCOA sponsored meetings (i.e., Ethics/Code of Conduct, Project Directors Meetings, etc.) to collect data.
- Scheduled interviews with Project Directors from five Ward lead agencies and three specialist service providers related to collecting data.
- Requested and received sample invoices that represented the full breadth of the DCOA services.

## STAKEHOLDER INTERVIEWS

The construction of a questionnaire proceeded systematically for the stakeholder data collection phase. First, an assessment was made of the information collected during Phase 1, the discovery phase of the study.

Most important to the construction of the questionnaire for the stakeholder interviews were suggested questions submitted from DCOA. Ten questions were presented to DCOA and efforts were made to ensure that the subject matter data sought by DCOA was covered in the final questionnaire.

In addition to constructing the survey questionnaire, a “kick-off” meeting was designed, developed and facilitated by PRM. The kick off meeting served to notify the grantees that within a few days they would receive requests for interviews by the study team. Using a kick off communication strategy, we have found to increase the participation rates, build awareness and buy-in from stakeholders in studies of this type.

The questionnaire consisted of multiple sections: a general information section; a section focusing on the study purpose; a section focusing on the history of the Providers; a section verifying services; and contact information. The section on services

and utilization metrics has subcategories: one section that ascertains which services are provided; the unit of measure, the current rate and other services performed by the Providers. The respondents were asked to provide information using a yes/no-point scale where “Yes” represented “services were provided,” and “No” represented “services were not provided.” The respondents were also asked open-ended questions requesting recommendations or suggestions about the appropriateness of the unit of measure.

A draft of the questionnaire, kick off meeting agenda, and work plan were submitted to DCOA for review. A few minor changes were suggested and implemented. The data collection stage was then commenced with the Providers.

Many of the statements below emphasize the comments from the respondents:

- The unit of service model of reimbursement does not work.
- A majority of the respondents stated the CSTARs system is cumbersome, difficult, creates unnecessary burdens and impacts workloads and efficiencies.
- CSTARs is not an effective, user friendly system.
- Late notices of grant award and authorizations to proceed create burdens and impact the effectiveness and timeliness of program services.

- Serving “frail vs non-frail” clients create additional unplanned burdens upon resources and service delivery.

Respondents noted that DCOA has little **performance data** – the Key Results – available to measure performance. Several respondents suggested the following **performance measures**:

- Units per hour
- Number of meals served
- Client satisfaction data
- Quality improvement data
- Standards for compensation
- Credits for in-kind support
- Number of units served

A consistent theme heard from the Provider project managers was the current rate of reimbursement is not sufficient to provide the level of services desired by clients. Many other project managers indicated new minimum wages laws and rising labor costs will significantly and negatively impact retaining and attracting qualified and motivated workers. Most project managers expressed concerns about the pending change in the city’s leadership, Mayor, Cabinet Officers, and City Council related to the

important mission and services provided by the Provider stakeholders.

**EXTERNAL INTERVIEWS AND INFORMATION**

The study team designed and conducted environmental scans for states and municipalities of similar size and complexity recognizing the uniqueness of the District of Columbia for the purpose of benchmarking “best” practices that included:

- State of Maryland Department of Aging
- City of Baltimore Office on Aging

The study team identified the following additional jurisdictions as appropriate for additional environmental scans, however due to the timing requirements of this contract, these interviews have not been undertaken.

- State of Rhode Island
- State of Delaware
- City of Detroit, Michigan
- Montgomery County, Maryland
- Arlington County, Virginia
- City of Boston, Massachusetts

# ABOUT DCOA

“The mission of the District of Columbia Office on Aging is to advocate, plan, implement, and monitor programs in health, education, employment, and social services which promote longevity, independence, dignity, and choice for our older adults.”

## STRUCTURE OF THE DCOA

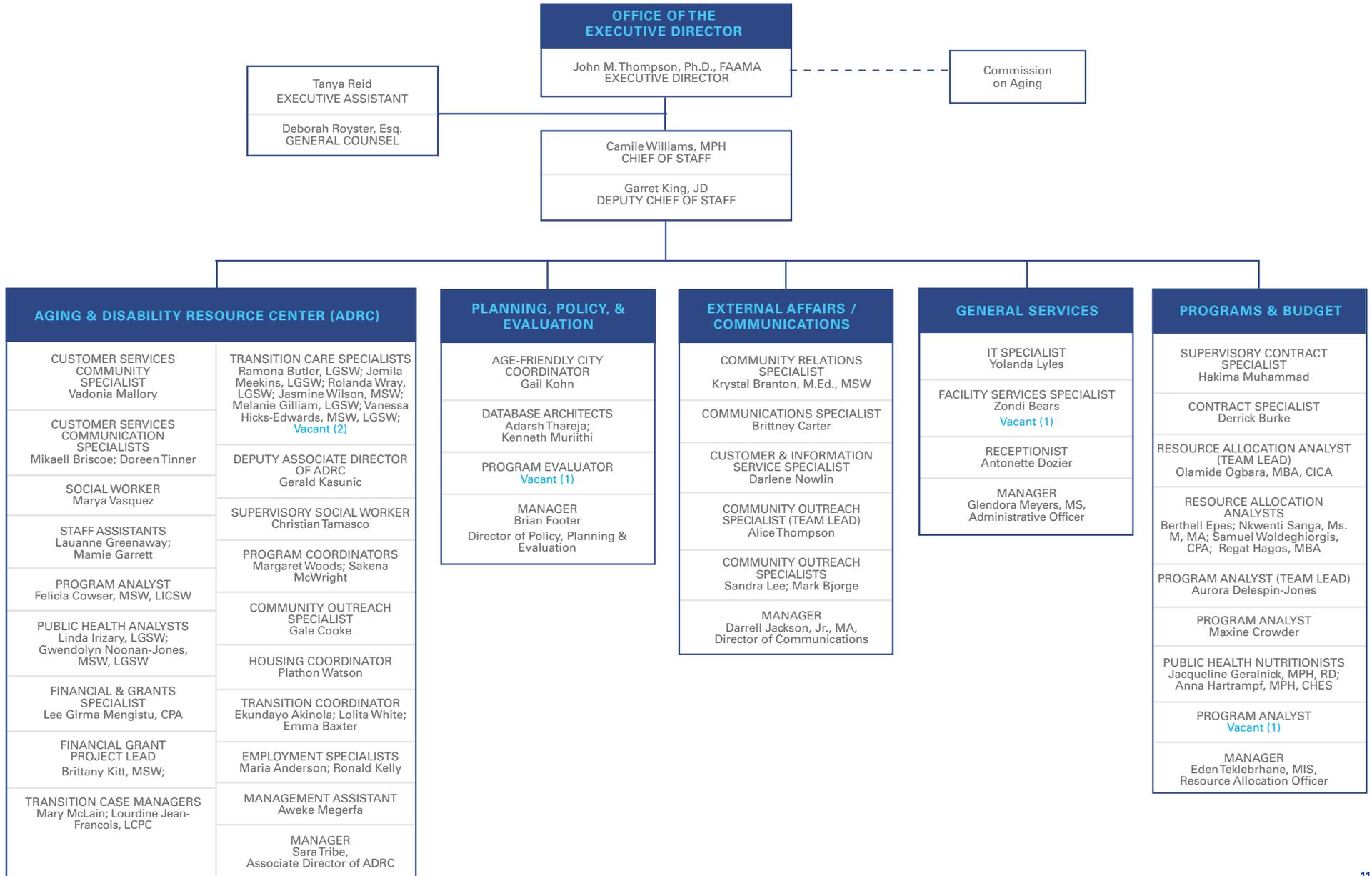
The District of Columbia Office on Aging is the designated State and Area Agency on Aging and operates the Aging and Disability Resource Center (ADRC), a one-stop shop for long-term care information, benefits and assistance for older adults (60 years and older), persons living with disabilities (18-59 years old) and caregivers.

- DCOA funds a network of providers (Senior Service Network) consisting of 20 community-based nonprofit organizations operating 37 programs that provide a wide range of social and health services throughout the eight Wards of the District of Columbia.
- Worth noting, DCOA has no official rural areas.
- Lead Agencies (also part of the Senior Service Network) act as community satellites that continually strengthen the link to older Washingtonians.
- Although most services and programs are provided through a Network, the agency also provides direct services

such as employment assistance, nursing facility transition assistance, hospital discharge planning, information and referral assistance, ensuring seniors, people living with disabilities and caregivers have adequate support and services to help them remain in the community for as long as possible.

DCOA was created by DC Law 1-24 in 1975 as the District of Columbia’s State and Area Agency on Aging. It is structured to carry out advocacy, leadership, management, program, and fiscal responsibilities. On the program level, DCOA oversees the operation of several on-site programs, the Information and Referral/Assistance Center, the Senior Employment and Training program, the Nursing Home Transition Program, and the Hospital Discharge Planning Program. In addition, DCOA also provides nursing facility care and services to District of Columbia disabled residents 18 years of age and older. Currently, DCOA and the District of Columbia own two nursing facilities that are privately operated and managed.

# DCOA ORGANIZATIONAL CHART



# DCOA'S SENIOR SERVICE NETWORK

Each of the District's eight Wards has a lead agency providing services to the elderly. Three lead agencies serve just one Ward, one lead agency serves two Wards and one lead agency serves three Wards.

WARDS	LEAD AGENCIES
1, 2, 4	Terrific Inc.
3	Iona
5, 6	Seabury for Aging Resources
7	East River Family Collaborative
8	Family Matters

Six Senior Wellness Centers are operated in Wards 1, 4, 5, 6, 7 and 8.

The next pages provide information identified from the study team's Provider stakeholder interviews, document reviews and analysis that included DCOA as well:

- Legal Counsel for the Elderly
- East River Family Strengthening Collaborative, Inc.
- Family Matters of Greater Washington
- George Washington University Health Insurance Counseling Project
- Howard University School of Social Work Project
- Home Care Partners
- Iona Senior Services
- Seabury Resources for Aging Service
- SOME
- Terrific, Inc.
- Zion Baptist Enterprises, Inc.

**PROFILE**

**LEGAL COUNSEL FOR THE ELDERLY**

Wards/Population Served: [District of Columbia City-wide](#)

Assurance Documentation

**PROGRAM OBJECTIVES**

To improve the quality of life for senior citizens in the District of Columbia by engaging in advocacy through at least three systemic initiatives affecting a large segment of the District of Columbia older population utilizing pro bono law firms, where possible.

**SERVICES PROVIDED**

Recruiting and supervising at least 15-inhouse volunteers

Provide a total of 7,639 units of service (inclusive of casework done in conjunction with legal assistance)

To engage in individual case advocacy handling at least 700 legal problems including at least 40 protective services matters

**FINDINGS AND RECOMMENDATIONS**

The DCOA issues contracts for elder rights legal services and advocacy in the District of Columbia Long-term Care Ombudsman Program (DCLTCOP) to Legal Counsel for the Elderly (LCE), which is affiliated with AARP.

The current performance metrics for these programs are:

- 85% of calls for legal assistance are to be responded to within two days.
- 83% of nursing facility and community residence facility complaints received are to be resolved.

While these performance metrics can be readily obtained and quantified, we believe they do not fully measure the scope, impact, and influence of the Elder Rights Assistance programs. Furthermore, from a performance perspective, as LCE engages in more outreach, the demand for legal counsel services may well increase, and absent additional funding, the percent of clients who can be responded to within two days is likely to decline. After addressing the importance of any emergency/urgent/non-urgent status, callers can be assigned a priority, with responses to non-urgent callers deferred with no impact or harm.

Consideration should therefore be given to additional or alternative performance metrics.

In keeping with many agencies, there is a need to balance the resources required for prompt in-take on new clients and depth of resources needed to assess what services are needed, and assign the case to the appropriate specialist.

Through its internal reporting for the latest reporting period (calendar year 2013), the DCLTCOP program statistics met the performance threshold. The DCLTCOP program opened 555 cases resulting in over 1,300 complaints. Of these 99% were verified and of those verified, 91% were closed. Of the cases opened in 2013, 83% were fully or partially resolved, the remainder were referred to other agencies for investigation, withdrawn, required government or legislative action or remained unresolved at the end of the year.

PROFILE

LEGAL COUNSEL FOR THE ELDERLY

FINDINGS AND RECOMMENDATIONS, *cont.*

In 2013, the efforts and work of the LCE prevented 14 foreclosures and over 150 evictions. Furthermore, the value of benefits for D.C.elderly clients exceeded \$7,300,000. These cases involved DCOA funded LCE staff as well as court work on cases that were not funded by DCOA.

AARP conducts annual client satisfaction surveys for clients who used the Legal Hotline, Pro Bono Program or Extended Services. The survey asked questions about how they heard about LCE services, the nature of their problem, the outcome, their level of satisfaction, likelihood of recommending the services and probability of needing services in the future.

One key measure we recommend be considered for future performance metrics is the effectiveness of these programs as measured by the likelihood of recommending the services of LCE to others. While objective, it may be helpful to include metrics on how well satisfied the clients were with the services, while recognizing that where no legal recourse is recommended, it may result in a lower satisfaction score.

LCE has had to develop specialized custom software to support compliance with DCOA unit reporting requirements. Maintenance and upgrades to the software are not covered by the existing grant funds.

Where unit reporting is a requirement of future contracts, funding for maintenance of this customized software should be included in the grant.

<b>PROFILE</b>	<b>EAST RIVER FAMILY STRENGTHENING COLLABORATIVE</b>
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Wards/Population Served: 7

Assurance Documentation

**PROGRAM OBJECTIVES**

Operate and manage one city-wide program and two Ward based programs: (1) City-wide Weekend Nutrition Program – Saturday only program providing health information, education, a nutritious meal, recreational and socialization activities; (2) Washington Seniors Wellness Center – free standing wellness center which provides physical fitness, nutrition, exercise, health dialogues and health promotion activities; and (3) KEEN (Keeping the Elderly Eating Nutritiously) Seniors Program which operates two Nutrition Sites.

**SERVICES PROVIDED**

- Partnerships with more than 20 Community Partners
- Advocacy on behalf of seniors
- Deliver 1,161 units of nutrition education for 557 seniors
- Deliver 273 units of nutrition counseling
- Deliver 91,382 meals (MOMS, Frail and Weekend meals)
- Provide 7,911 units of transportation for Ward 7 residents
- Coordinate 2,646 medical transportation requests
- Deliver 1,460 units of Case Management services
- Deliver 296 units of Case Assessment services

**FINDINGS AND RECOMMENDATIONS**

The DCOA awards grants to the with East River Family Strengthening Collaboration, Inc. to provide program oversight for senior services for Ward 7 seniors 60 and older that include operating and managing one city-wide program and two Ward based programs: (1) City-wide Weekend Nutrition Program; (2) Washington Seniors Wellness Centers; and (3) KEEN Seniors Program. Services provided result in the financial advantages to the District of Columbia government by avoiding the need for nursing facility care or delaying the entry date, given the significantly higher costs of care in nursing facilities compared to in-home care services. In addition to the financial advantages, seniors will invariably be more comfortable in their homes, surrounded by neighbors, friends, family and familiar settings.

<b>PROFILE</b>	<b>FAMILY MATTERS OF GREATER WASHINGTON</b>
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Wards/Population Served: 8

Assurance Documentation

**PROGRAM OBJECTIVES**

As the Lead Agency for Aging Services, Family Matters of Greater Washington offer clients comprehensive services to allow seniors to maintain their dignity as they advance through the years, ensuring their fullest independence and participation as citizens of the community.

**SERVICES PROVIDED**

- Provide 41,520 Congregate Meals
- Serve 53,600 Home Delivered Meals
- Serve 5,200 Weekend Meals
- Deliver 30,100 hours of socialization activities
- Deliver 18,000 hours of health promotion activities
- Provide 3,848 hours of supportive counseling
- Conduct 290 house of comprehensive assessment services
- Provide 2,293 hours of case management service
- Deliver 603 hours of nutrition counseling
- Deliver nutrition education sessions for 804 elderly residents
- Provide 13,500 transportation trips
- Collaborate with two are public and private schools for a minimum unduplicated number of 25 seniors and 50 students.
- Provide 1,222 transportation intake counseling services units for 180 persons
- Provide case management service, respite support for 20 caregivers, respite supplies for a minimum of 10 caregivers

**FINDINGS**

The DCOA contracts with Family Matters of Greater Washington for full service ADRC services for elder residents in the District of Columbia. Services provided support the financial advantages to the District of Columbia government of avoiding the need for nursing facility care or delaying the entry date, given the significantly higher costs of care in nursing facilities compared to in-home care services. In addition to the financial advantages, seniors will invariably be more comfortable in their homes, surrounded by neighbors, friends, family and familiar settings.

<b>PROFILE</b>	<b>GEORGE WASHINGTON UNIVERSITY</b>
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Wards/Population Served: [All Medicare beneficiaries in the District of Columbia](#)

Assurance Documentation

<b>PROGRAM OBJECTIVES</b>	Provide high-quality counseling services to beneficiaries contacting the George Washington University hotline Health Insurance Counseling Project
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<b>SERVICES PROVIDED</b>	1,400 client contacts
	Training for case management staff serving Medicare beneficiaries
	Presentations at Senior Wellness Center Programs

**FINDINGS**

The DCOA contracts with George Washington University for health insurance counseling elder services in the District of Columbia. GWU succeeded in changing the District of Columbia’s Medicaid/QMB eligibility practices which had put Medicaid recipients aging into Medicare eligibility at serious financial and even health risk. These changes resulted in corrections of tens of thousands of dollars in wrongful billing.

<b>PROFILE</b>	<b>HOME CARE PARTNERS</b>
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Wards/Population Served: [District of Columbia](#)

Assurance Documentation

**PROGRAM OBJECTIVES**

To deliver 80,360 hours of homemaker (home care aide) service to an unduplicated 420 D.C. residents, age 60 or older, including those with Alzheimer’s (TECT Project) and other dementias and their age 60+ caregivers.

**SERVICES PROVIDED**

Deliver 80,360 hours of homemaker service  
Provide education training to 75 caregivers

**FINDINGS AND RECOMMENDATIONS**

For in-home and day care services as well as in-home and community based services, the primary performance metric goal is that 65 to 67 percent of seniors receiving these services will remain in their homes for one year.

This goal implicitly supports the financial advantages to the District of Columbia government of avoiding the need for nursing facility care or delaying the entry date, given the significantly higher costs of care in nursing facilities compared to in-home care services. In addition to the financial advantages, seniors will invariably be more comfortable in their homes, surrounded by neighbors, friends, family and familiar settings.

In order to make the best use of its funds, including approaches to address the financial costs associated with implementing the Living Wage requirements, HCP has funded a portion of the home care units through District of Columbia Caregivers’ Institute Homecare and the ALZTECT program.

Home Care Partners (“HCP”) currently surveys clients twice a year and collects information on a range of service quality metrics. These quality-of-care factors are excellent candidates for additional or alternate performance metrics for in-home, day care, and community based services. The quality of care factors that HCP surveys are:

- How well did staff explain your rights as a client?
- How satisfied are you with the way you were involved in the development of your plan of care?
- Did the aide visit according to scheduled hours?
- How satisfied are you with:
- Agency’s response to your calls?
- Staff’s skill and competence?
- Overall how satisfied are you with the services you received?
- Have the services provided by HCP helped you remain in your home?
- Are services provided in a safe manner?
- Did your aide wash his/her hands properly when providing services?

We recommend that quality of care factors be used in future performance goals.

**PROFILE**

**HOWARD UNIVERSITY**

Wards/Population Served: [Senior Service Network in the District of Columbia](#)

Assurance Documentation

**PROGRAM OBJECTIVES**

Provide educational and training services and Continuing Education Units to beneficiaries working with DCOA

**SERVICES PROVIDED**

Professional development opportunities related to the elderly population

Continuing Education Credits for Social Workers

Seminars and workshops for DCOA Senior Service Network

Presentations at Senior Wellness Programs

**FINDINGS**

The DCOA contracts with the Howard University School of Social Work for technical assistance and collaboration regarding at-risk minority older persons.

<b>PROFILE</b>	<b>IONA SENIOR SERVICES</b>
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Wards/Population Served: 3

Assurance Documentation

**PROGRAM OBJECTIVES**

Provide vital services that support people through the increasingly acute challenges of aging

Provide 4,700 units of counseling services to 500 unduplicated older persons

Provide 170 units of comprehensive assessments for 80 older adults

Provide 4,000 units of case management to 200 functionally impaired clients

Provide 7,000 units of adult day health care services to 20 unduplicated functionally-impaired older persons

Respond to 5,000 inquiries and provide aging-related information and referrals

Provide 20,000 mid-day meals delivered to 90-homebound seniors

**SERVICES PROVIDED**

Deliver 10,000 meals and 4,000 units of transportation of meals to 120 homebound seniors on Saturdays

Deliver 8,500 mid-day meals to 175 older persons

Provide 300 units of nutrition counseling services to 60 unduplicated at-risk-seniors

Provide 360 units of nutrition education to 75 seniors

Provide 2,000 units of health promotion activities for 100 unduplicated persons

Deliver 5,000 units of socialization activities to 125 unduplicated older persons

Provide 4,800 units of transportation for 150 unduplicated persons

**FINDINGS**

The DCOA contracts with Iona for services that provide support through the increasingly acute challenges of aging. Services provided support the financial advantages to the District of Columbia government of avoiding the need for nursing facility care or delaying the entry date, given the significantly higher costs of care in nursing facilities compared to in-home care services. In addition to the financial advantages, seniors will invariably be more comfortable in their homes, surrounded by neighbors, friends, family and familiar settings.

<b>PROFILE</b>	<b>SEABURY RESOURCES FOR AGING</b>
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Wards/Population Served: 5,6

Assurance Documentation

**PROGRAM OBJECTIVES**

Enhance and sustain quality of life for elderly with disabilities, along with their caregivers, giving particular emphasis to minority low income and special population groups.

**SERVICES PROVIDED**

- Outreach to 15 organizations
- Recruit and train 1,500 volunteers
- Expand communication to 2,500
- Operate 3 group homes housing 20 seniors
- Engage residents in 20-staff led activities (est. 240 activities)
- Deliver one-special activity monthly

**FINDINGS**

The DCOA contracts with Seabury Resources for Aging. Seabury Resources for Aging's mission is to provide personalized, affordable services and housing options to help older adults in the greater Washington, D.C. area live independently and with dignity.

Seabury Resources for Aging is a private nonprofit 501(c) 3 organization.

Seabury Resources for Aging provides free or affordable support in multiple ways for older adults and their families who are undergoing unfamiliar life transitions. Services provided include:

- Care Management: provides counsel and professional guidance to older adults and their families
- Ward 5 Lead Agency Services: plans and delivers direct services to older adults and their caregivers living in Washington D.C.'s Ward 5
- Ward 6 Aging Services: plans and delivers direct services to older adults and their caregivers living in Washington D.C.'s Ward 6
- Age-In-Place: utilizes volunteers for free yard work and clean-up projects for older adults in Washington D.C.'s Wards 4 & 5
- Congregational Resources: provides resources and support for congregations in the Episcopal Diocese of Washington and United Church of Christ Potomac Association
- Seabury Connector: provides medical transportation, home delivered meals and discounted taxi cab vouchers for Washington D.C. adults aged 60 and over.

Seabury Resources for Aging recognized the challenges of developing new unit reimbursement rates within the time-period of the study and is fully supportive of a comprehensive study of actual costs of services. Seabury noted, in keeping with other grantees, the challenges of implementing the living wage without a modification to the current year grant. They acknowledged that to operate within the fixed budget dollars, staff had to be cut when implementing the higher minimum wages.

<b>PROFILE</b>	<b>SOME (SO OTHERS MAY EAT)</b>
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Wards/Population Served: [District of Columbia](#)

Assurance Documentation

**PROGRAM OBJECTIVES**

Provide in-home and Day Care services to Washingtonians 60 years of age and older to enable them to remain in their homes.

Serve 50 frail, isolated homebound elderly

Provide case management to 50 homebound elderly

Provide 150 assessment visits

Conduct 300 follow up case management visits

Provide emergency food pantry for 30 elderly residents

Deliver monthly commodity supplemental food to 50 seniors

Organize and distribute 390 holiday baskets to seniors

Recruit 36 volunteers and maintain 85 total

Serve 25 abused, neglected, exploited and displaced elderly

**SERVICES PROVIDED**

Provide 7,5000 units of counseling and dietary habits

Assess and provide 250 units of services for medical, dental podiatry, eye, and/or psychiatric care within two weeks of each resident’s admission

Provide 15 outreach hours to social service agencies

Provide priority status to client referrals from Adult Protective Services

Deliver 3,038 counseling units

Deliver 3,887 Health Promotion units

Provide 14,164 Recreation/Socialization units

Provide 7,756 Transportation units

Outreach to one senior apartment building in Wards 7 and 8

**FINDINGS**

The DCOA contracts with SOME for in-home and Day Care elder services in the District of Columbia. Services provided support the financial advantages to the District of Columbia government of avoiding the need for nursing facility care or delaying the entry date, given the significantly higher costs of care in nursing facilities compared to in-home care services. In addition to the financial advantages, seniors will invariably be more comfortable in their homes, surrounded by neighbors, friends, family and familiar settings.

PROFILE	TERRIFIC, INC.
	Wards/Population Served: 1, 2, 4
	Assurance Documentation
<b>PROGRAM OBJECTIVES</b>	To promote: Optimal health by providing congregate meals, respite services to eligible caregivers for elderly (60+) residents.
	<b>(WARD 1)</b> Deliver 37,668 (3,139 monthly) meals
	Provide 14,762 units of activities (3/week)
	Provide 1,116 one-hour nutrition sessions
	Provide 28,355 (one-hour sessions)
	Deliver 2,305 one-way units of transportation
	Provide 46,615 meals (3,884 monthly) frail and non-frail meals
	Provide 4,526 weekend meals
	Perform 15 assessments (per social worker) to caregivers in need
<b>SERVICES PROVIDED</b>	Perform 651 units of comprehensive assessments
	Deliver 1,137 units of reassessments
	<b>(WARD 2)</b> Deliver 38,499 meals
	Perform 26,199 hours of individual and group sessions
	Provide 20,985 hours of physical activities
	Provide 351 one hour counseling sessions
	Perform 3,851 nutrition (one-hour) sessions
	Deliver 34,780 schedule of activities
	Provide 12,050 units of transportation services (to & from activities)
	Deliver 55,482 individual home frail and non-frail meals (weekdays)
	Deliver 5,200 weekend meals
	Perform 15 assessments (per social worker) to caregivers in need
	Deliver 628 units of comprehensive assessments
	Implement 1,036 units of reassessments annually

PROFILE	TERRIFIC, INC.
<b>SERVICES PROVIDED, cont.</b>	<b>(WARD 4)</b> Deliver 42,641 frail and non-frail meals (3,553/month)
	Deliver 4,339 weekend meals annually
	Perform 15 assessments (per social worker) to caregivers in need
	Identify (within 3-days of intake) client needs
	Complete referrals and provide supplies within 1-week of intake
	Recruit/hire/train 4-Social Workers within 7 days of NGA
	Implement 1,003 units of reassessments annually

FINDINGS
<p>The DCOA contracts with Terrific, Inc. to plan and deliver direct services to older adults and their families. Services provided support the financial advantages to the District of Columbia government of avoiding the need for nursing facility care or delaying the entry date, given the significantly higher costs of care in nursing facilities compared to in-home care services. In addition to the financial advantages, seniors will invariably be more comfortable in their homes, surrounded by neighbors, friends, family and familiar settings.</p>

PROFILE

ZION BAPTIST ENTERPRISES, INC.

Wards/Population Served: District of Columbia

Assurance Documentation

PROGRAM OBJECTIVES

SERVICES PROVIDED

Provide 7,595 units of day care activities & congregate meals to 35 elderly seniors

Provide 4,313 units of recreation/socialization activities and congregate meals to 15 seniors

Conduct 3,366 units of health promotion activities to 50 participants

Coordinate transportation services for 50 seniors

Provide 1,300 units of art therapy classes for 25 adult daycare participants weekly

Collaborate with 3-organizations to share resources

In-kind and volunteers (20) recruited, maintained and managed

Conduct 120 units of monthly Alzheimer’s service for 10 caregivers

Conduct 2 staff development training sessions quarterly

Deliver 84 units of comprehensive assessments to 17 frail seniors

Deliver 1,818 units of counseling activities to 38 seniors

Deliver 204 units of Case Management to 17 frail seniors

FINDINGS

The DCOA contracts with Zion Day Care for day care elder services in the District of Columbia. Services provided support the financial advantages to the District of Columbia government of avoiding the need for nursing facility care or delaying the entry date, given the significantly higher costs of care in nursing facilities compared to in-home care services. In addition to the financial advantages, seniors will invariably be more comfortable in their homes, surrounded by neighbors, friends, family and familiar settings.

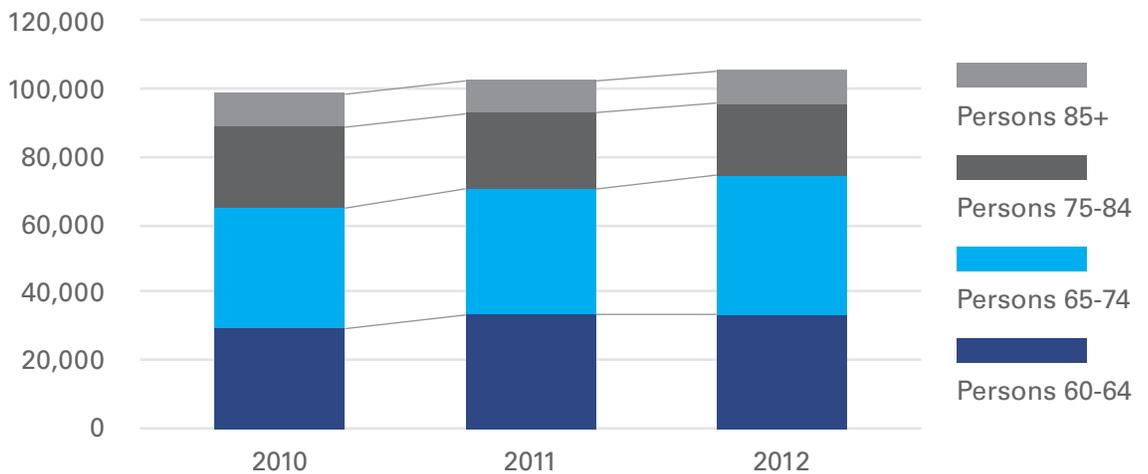
# NAPIS REPORTS

The Administration on Aging (AoA) maintains the Aging Integrated Database (AGID). AGID is an on-line query system based on AoA-related data files and surveys, and includes population characteristics from the Census Bureau for comparison purposes. The four options or paths through AGID provide different levels of focus and aggregation of the data – from individual data elements within Data-at-a-Glance to full database access within Data Files.

The National Aging Program Information Systems (NAPIS) State Program Reports are completed by the states to comply with AoA reporting requirements for submission of annual performance reports. Three principal types of data are included in the NAPIS design: (1) performance data on programs and services funded by the Older

Americans Act (OAA); (2) demographic/descriptive data on the elderly population obtained from the U.S. Census Bureau and other sources; and (3) descriptive data on the infrastructure of home- and community-based services in place to assist older persons, based on AoA studies and related reviews.

## DISTRICT OF COLUMBIA POPULATION



From the NAPIS reports for the District of Columbia we obtained the population data for residents aged 60 and older. From 2010 to 2012 the total 60+ population increased from 99,261 to 103,483. While the overall 60+ population increased by 4.3% the population aged 85+ increased 6.0%. The increase in the covered population places increasing demand on DCOA for services.

Furthermore, the intensity of services has increased due to the more rapid growth of older residents and likely more frail residents.

Using the NAPIS reports for the District of Columbia we obtained the service units and service expenditures over the last three years.

DISTRICT OF COLUMBIA NAPIS REPORT DATA						
Services	Service Units			Total Service Expenditures		
	2010	2011	2012	2010	2011	2012
Homemaker Services	81,351	73,685	71,472	\$2,236,840	\$2,050,835	\$2,105,459
Chore	1,303	1,590	1,482	\$43,915	\$32,488	\$47,656
Home Delivered Meals	501,324	444,472	403,111	\$1,517,326	\$1,512,928	\$3,041,056
Adult Day Care/Health	95,863	52,568	51,411	\$713,909	\$684,827	\$597,392
Case Management	26,154	27,414	24,667	\$1,983,889	\$1,209,216	\$1,358,884
Assisted Transportation	80,767	85,898	81,612	\$1,054,306	\$1,260,988	\$2,056,007
Congregate Meals	389,462	279,824	274,803	\$3,853,955	\$3,892,495	\$2,662,509
Nutrition Counseling	2,263	2,899	4,191	\$126,307	\$190,575	\$179,215
Transportation	104,769	94,267	82,597	\$495,912	\$360,691	\$348,706
Legal Assistance	8,518	9,674	8,984	\$589,753	\$561,068	\$537,218
Nutrition Education	7,947	7,826	9,683	\$95,531	\$123,440	\$114,739
Information and Assistance	21,544	24,337	27,033	\$1,971,865	\$269,474	\$151,061
Outreach	32,518	39,259	33,194	\$617,296	\$609,296	\$547,830
Other				\$4,297,566	\$3,862,752	\$3,527,188
Total Home and Community-Based Services				\$19,598,370	\$17,648,797	\$18,916,935
Caregiver Counseling/Support Groups/Training	2,950	579	584	\$279,314	\$315,017	\$356,677
Caregiver Respite	13,334	14,614	17,282	\$122,500	\$95,912	\$230,468
Caregiver Supplemental	4,053	4,828	4,685	\$428,753	\$281,943	\$240,351
Caregiver Access Assistance	1,429	2,608	2,019	\$269,499	\$329,749	\$352,520
<b>TOTAL</b>				<b>\$20,698,436</b>	<b>\$18,671,418</b>	<b>\$20,096,951</b>

We developed unit cost rates from the NAPIS reports by dividing the Total Service Expenditures by the number of service units. Next we compared these unit rates to the actual contract rates for the seven services where a meaningful comparison was possible.

little relation to the actual contract rates, which for D.C. were constant for all years shown. The large differences between the actual contract rates and the NAPIS based rates is due to a range of factors, including non-agency funding (e.g. through volunteer time or contracts and funding from other sources) which can and does vary considerably from year to year.

This analysis shows that the unit rates developed from the NAPIS reports bear

**DISTRICT UNIT RATES FROM NAPIS REPORTS COMPARED TO REIMBURSEMENT RATES**

	2010	2011	2012	
Services	Unit Rate	Unit Rate	Unit Rate	Contract Rates
Homemaker	\$27.50	\$27.83	\$29.46	
Chore	\$33.70	\$20.43	\$32.16	
Home Delivered Meals	\$3.03	\$3.40	\$7.54	\$1.21
Adult Day Care/Health	\$7.45	\$13.03	\$11.62	\$14.35
Case Management	\$75.85	\$44.11	\$55.09	\$68.11
Assisted Transportation	\$13.05	\$14.68	\$25.19	
Congregate Meals	\$9.90	\$13.91	\$9.69	\$2.69
Nutrition Counseling	\$55.81	\$65.74	\$42.76	\$52.36
Transportation	\$4.73	\$3.83	\$4.22	\$4.07
Legal Assistance	\$69.24	\$58.00	\$59.80	
Nutrition Education	\$12.02	\$15.77	\$11.85	\$5.66
Information and Assistance	\$91.53	\$11.07	\$5.59	
Outreach	\$18.98	\$15.52	\$16.50	

Due to inconsistent reporting across jurisdictions and inconsistent data between NAPIS reports and known contract rates, we reluctantly concluded that the NAPIS reports do not provide a sufficiently reliable basis for benchmarking the reimbursement rates.

# REIMBURSEMENT RATES

DCOA grantees are reimbursed in one of two ways. Grantees can submit invoices for actual costs (payroll, rent, etc.). These direct cost invoices are referred to as M1 payments. The invoices are reviewed and when approved, DCOA pays the grantee. The alternative reimbursement approach uses contract reimbursement rates and actual utilization.

The utilization amounts are reported in the CSTARs system. Each month a grantee submits information on the number of units utilized for each of the services they

provide. The payment is then determined as the product of the number of units and the contract rate for that service. An example is shown below.

	Units	Rate	Invoice
Congregate Meal	1,000	\$2.69	\$2,690

Reimbursement rates had been developed historically with the goal of ensuring that grantees could align their costs with the revenue received from DCOA grants. The primary cost component for each service category is the personnel cost for the staff that deliver the service, together with a prorated portion of the program management staff cost.

An analysis of the grantees invoices showed minor variation in rates for some service categories. The following table (R-1) summarizes the variation found. The three rates shown are the lowest, median, and highest rates for each service category. If all agencies were reimbursed at the same rate, only the median amount is shown. If only one agency had a different rate, that rate is shown as well as the median.

TABLE R-1				
Service	Lowest	Median	Highest	High/Low Variation
Case Management		\$68.11	\$68.14	Minor
Comp Assessment		\$184.85	\$184.91	Minor
Congregate Meal	\$1.21	\$2.69		One agency
Counseling	\$17.25	\$18.97		One agency
Adult Day Care		\$14.35		
Home Delivered Meal Week Day	\$0.44	\$1.21	\$1.24	Major
Home Delivered Meal Weekend		\$1.21	\$1.50	One agency
Health Promotion	\$2.70	\$2.97		One agency
Heavy House Cleaning		\$33.44		
Nutrition Counseling		\$52.36	\$52.43	One agency
Nutrition Education		\$5.66		
Recreation and Socialization	\$1.66	\$1.81		One agency
Transportation Home Delivered Meal		\$3.13		
Transportation Sites		\$4.07		
Wellness		\$5.85		

Agency labor costs include both salaries and employee benefit costs. These costs increase over time, and to ensure grantees are able to attract and retain the talent needed to provide the services, it is appropriate that the grantees income change in line with their expenses.

We recommend that the rates be updated in line with changes in the Employment Cost Index for total compensation. We believe the most appropriate index is the Health Care and Social Assistance occupational group under the "for private industry workers" category.

The Employment Cost Index (ECI) is published by the Bureau of Labor Statistics quarterly. The following URL links to the main page that lists the various tables. We recommend using Table 5, which is based on private industry workers.

<http://www.bls.gov/news.release/eci.toc.htm>

We understand that the unit reimbursement rates have not been increased for several years (at least five). We therefore obtained and calculated the change in the index from March 2009 to March 2014. Table R-2 shows the total compensation increase since March 2009 to March 2014 has been 8.9 percent.

**TABLE R-2**  
**BUREAU OF LABOR STATISTICS | EMPLOYMENT COST INDEX FOR TOTAL COMPENSATION FOR PRIVATE INDUSTRY WORKERS | HEALTH CARE AND SOCIAL ASSISTANCE OCCUPATIONAL GROUP**

year	March Index	Change Since March 2009
2009	111.5	
2010	113.3	1.6%
2011	115.0	3.1%
2012	117.6	5.5%
2013	119.4	7.1%
2014	121.4	8.9%

It is worth noting that during the same time period (March 2009 to March 2014) the Consumer Price Index (CPI-Urban All Items) increased by 8.7 percent.

Applying the ECI index change to the median reimbursement rates from Table R-1 produces the adjusted rates shown in Table R-3. All adjusted rates are higher than the current highest rate, with the exception of the HD Meal Weekend rate of \$1.50 which applied to one grantee.

**TABLE R-3**  
**CURRENT AND RECOMMENDED REIMBURSEMENT RATES BASED ON ECI TABLE 5**

	Current Rate	Adjusted to March 2014
Case Management	\$68.11	\$74.16
Comp Assessment	\$184.85	\$201.26
Congregate Meal	\$2.69	\$2.93
Counseling	\$18.97	\$20.65
Adult Day Care	\$14.35	\$15.62
Home Delivered Meal Week Day	\$1.21	\$1.32
Home Delivered Meal Weekend	\$1.21	\$1.32
Health Promotion	\$2.97	\$3.23
Heavy House Cleaning	\$33.44	\$36.41
Nutrition Counseling	\$52.36	\$57.01
Nutrition Education	\$5.66	\$6.16
Recreation and Socialization	\$1.81	\$1.97
Transportation Home Delivered Meal	\$3.13	\$3.41
Transportation Sites	\$4.07	\$4.43
Wellness	\$5.85	\$6.37

Where a grantee is also providing the same services in other jurisdictions, we are able to benchmark the rates. That is the case with the Homemaker program, managed by Home Care Partners. Home Care Partners has contracts

with Arlington County, Virginia; Montgomery County, Maryland; and the Veteran’s Administration in addition to the DCOA. Table R-4 compares the current and recommended DCOA rates to the other grants.

<b>TABLE R-4                      HOMEMAKER PROGRAM                      COMPARISON OF DCOA RATES TO OTHER JURISDICTIONS</b>	
Jurisdiction	Rate
DCOA - Current	\$24.30
DCOA - Recommended	\$26.46
Arlington County (VA)	\$26.06
Montgomery County (MD)	\$27.00
Veterans Administration	\$27.41

Table R-4 shows that with the recommended increase based on the Employment Cost Index, the revised rate is in line with the market rates that Home Care Partners charges other jurisdictions.

The unit reimbursement rates for other jurisdictions are subject to revision upon contract renewal, therefore the DCOA recommended rate will soon lag the other jurisdiction rates.

As with all surveys, there is a lag between the time when information is collected and the date when the results are tabulated and reported. By using a March date for indexing reimbursement rates, the DCOA would be able to publish the applicable rates for the following fiscal year prior to submission of grant applications in the summer.

We recommend that DCOA update the reimbursement rates annually. When

the March 2015 ECI index is published. DCOA will be able to establish the reimbursement rates for FY2016 and publish them in the summer of 2015. This will allow adequate time for grantees to incorporate the updated rates in their grant application and budgets prior to submission in late summer.

We heard from multiple stakeholders that there are special circumstances where the standard reimbursement rate is inadequate to cover the costs. Situations that lead to inadequate rates include:

- Where a single rate covers a range of intensity of usage – e.g. house cleaning
- Standard rate applies to regular work hours and standard wage rates – is inadequate to cover costs for overtime or unplanned weekend services
- Increases in Living Wage implemented after the budget was submitted

- Changes in the mix of clients – e.g. increase in proportion of frail clients requiring more resources per unit of service delivered.

To address these situations, we recommend that DCOA consider adding a higher reimbursement rate for these non-standard situations.

Our review of the Legal Counsel for the Elderly FY14 grant identified that the actual cost per hour for legal services, weighted for the level of support provided by intake specialists, paralegals, and attorneys, is \$103.50 per hour. The FY14 grant rate is only \$40.20 per hour for 7,776 hours of

services. The DCOA grant therefore only funds 39 percent of the legal services hours. For transparency purposes, we recommend that the DCOA grant use the actual cost per hour rate and identify that the DCOA is only funding a portion of the total hours expected for the year. Currently, the cost for the other 4,756 hours is funded through non-DCOA funds, including unrestricted Foundation grants obtained by the LCE Executive Director. Given the importance of the LCE program and documented outcomes (e.g. prevention of over 150 evictions and 14 foreclosures as well as over \$7.3 million in funds retrieved for D.C. residents) consideration should be given to fully funding the program.



# PERFORMANCE METRICS

The following chart describes the current performance metrics and measurement by program.

PERFORMANCE METRICS & MEASUREMENT BY PROGRAM			
PROGRAM	Measure	Measurement	Frequency
Nutrition Services	5% of seniors identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score.	Percent of participants who received follow-up screening had an improved nutritional risk score (improved by one or more points).	Beginning and end of year
Adult Day Care	50% of seniors receiving day care services will remain in their homes for one year.	Percent of participants who received services for one year.	Beginning and end of year
Community-based Services <ul style="list-style-type: none"> <li>• Congregate Meals</li> <li>• Nutrition Education</li> <li>• Nutrition Counseling</li> <li>• Recreation</li> <li>• Counseling</li> <li>• Transportation to Sites</li> </ul>	10% of participants will report that the services enable them to maintain an active and independent lifestyle.	Percent of respondents who report the services enabled them to maintain an active and independent lifestyle.	Beginning and end of year
In-Home and Day Care Services <ul style="list-style-type: none"> <li>• Homemaker services</li> <li>• Specialized homemaker services for people suffering from dementia</li> <li>• Adult Day Care</li> <li>• DC Caregiver Institute</li> <li>• Heavy House Cleaning</li> <li>• Volunteer Caregiver</li> <li>• Age-In-Place</li> <li>• UDC Respite Aide Program</li> </ul>	65% of seniors receiving these services will remain in their homes for one year.	Percent of clients who received these services throughout the year.	Beginning and end of year

PERFORMANCE METRICS & MEASUREMENT BY PROGRAM, <i>cont.</i>			
PROGRAM	Measure	Measurement	Frequency
<p>In-Home Nutrition Services</p> <ul style="list-style-type: none"> <li>Home Delivered Meals (weekday and weekend)</li> <li>Transportation of Home Delivered Meals</li> </ul>	<p>25% of seniors identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score.</p> <p>65% of seniors receiving in-home nutrition services will remain in their homes one year.</p>	<p>Percentage of high risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points).</p> <p>Percent of participants receiving home delivered meals at end of fiscal year.</p>	Beginning and end of year
Comprehensive Assessment and Case Management	40% of seniors receiving comprehensive assessment and case management services will remain in their homes for one year.	Percent of clients receiving case management services at start of fiscal year receiving services at end of fiscal year.	Beginning and end of year
Transportation and Escort	20% of seniors receiving transportation and escort services will remain in their homes for a year.	Percent of clients receiving transportation and escort services at start of fiscal year are receiving services at the end of fiscal year.	Beginning and end of year
<p>Caregiver Support</p> <ul style="list-style-type: none"> <li>Caregiver Institute</li> <li>Caregiver Education</li> <li>Spring Cleaning</li> <li>Respite</li> <li>Caregiver Assessment/ Extended Day Care</li> <li>Case Management</li> <li>UDC Respite Aide</li> <li>Supplemental</li> </ul>	<p>60% of caregivers will report that the services had a positive impact on their ability to provide care.</p> <p>67% of Caregivers receiving Caregiver Support remain in the program for one year.</p>	<p>Percent of respondents reporting a positive impact.</p> <p>Percent of Caregivers receiving services throughout year.</p>	Beginning and end of year
<p>Elder Rights Assistance</p> <ul style="list-style-type: none"> <li>Legal Services</li> <li>Advocacy (Long Term Care Ombudsman)</li> </ul>	<p>85% of calls for legal assistance are responded to within two days.</p> <p>83% of nursing facility and community residence facility complaints received are resolved.</p>	<p>Percent of calls responded to within 2 days.</p> <p>Percent of complaints resolved.</p>	Aggregate count for full year
<p>Community Nutrition Services</p> <ul style="list-style-type: none"> <li>Congregate meals (Weekday and Weekend)</li> <li>Nutrition Education</li> <li>Nutrition Counseling</li> </ul>	25% of seniors in congregate nutrition sites identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score.	Percent of high risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points).	Beginning and end of year

PERFORMANCE METRICS & MEASUREMENT BY PROGRAM, <i>cont.</i>			
PROGRAM	Measure	Measurement	Frequency
Supportive Residential Facilities <ul style="list-style-type: none"> <li>• Emergency Shelter</li> <li>• Group Homes</li> <li>• Community Residence Facility</li> </ul>	80% of supportive residential facility clients will report that the care they receive meets their needs.  50% of supportive residential facility clients will report that they feel safe in the facility.	Customer survey.	Once during year
Training and Education <ul style="list-style-type: none"> <li>• Literacy Classes</li> <li>• Training Classes</li> </ul>	80% of the students/training session participants will report that the classes/sessions enhanced their knowledge and/or increased their skills in areas benefiting seniors.  15% increase in number of unduplicated training participants from prior fiscal year.	Training evaluation survey.	Once during the year
In-Home And Community Based Services <ul style="list-style-type: none"> <li>• Homemaker services</li> <li>• Specialized homemaker services for people suffering from dementia</li> <li>• Day Care</li> <li>• DC Caregiver Institute</li> <li>• Heavy House Cleaning</li> <li>• Volunteer Caregiver</li> <li>• Age-In-Place</li> <li>• UDC Respite Aide Program</li> <li>• Home-Delivered Meals (Weekday and Weekend)</li> <li>• Weekend Congregate Meals</li> <li>• Case Management</li> <li>• Comprehensive Assessment</li> <li>• Congregate Meals</li> <li>• Nutrition Counseling</li> <li>• Transportation &amp; Escort</li> </ul>	67% of seniors receiving these services will remain in their homes for one year.	Service Longevity Spreadsheet.  Of the number of clients receiving these services at beginning of fiscal year, percent of same clients receiving these services at end of fiscal year.	Once per year

# RECOMMENDATIONS

## RECOMMENDATION #1

We recommend that the unit cost reimbursement rates be updated in line with changes in the Employment Cost Index for total compensation. We believe the most appropriate index is the Health Care and Social Assistance occupational group under the "for private workers" category.

The Employment Cost Index (ECI) is published by the Bureau of Labor Statistics quarterly. The following URL links to the main page that lists the various tables. We recommend using Table 5, which is based on private industry workers.

<http://www.bls.gov/news.release/eci.toc.htm>

## RECOMMENDATION #2

We recommend that DCOA update the reimbursement rates annually. When the March 2015 ECI index is published, DCOA will be able to establish the reimbursement rates for FY2016 and publish them in the summer of 2015. This will allow adequate time for grantees to incorporate the updated rates in their grant application and budgets prior to submission in late summer.

## RECOMMENDATION #3

We heard from multiple stakeholders that there are special circumstances where the standard reimbursement rate is inadequate to cover the costs. Situations that lead to inadequate rates include:

- Where a single rate covers a range of intensity of usage – e.g. house cleaning.
- Standard rate applies to regular work hours and standard wage rates – is inadequate to cover costs for overtime or unplanned weekend services.
- Increases in Living Wage implemented after the budget was submitted.
- Changes in the mix of clients – e.g. increase in proportion of frail clients requiring more resources per unit of service delivered.

To address these situations, we recommend that DCOA consider adding a higher reimbursement rate for these contingency situations.

## RECOMMENDATION #4

A review of Providers' web pages and documentation reveal only a few are recognizing the grant award from DCOA. We recommend DCOA require that each vendor receiving funds include on all stationery, publicity material and related written media communication, the DCOA logo and identifier ("Part of the Senior Service Network Supported by the D.C. Office on Aging).

**RECOMMENDATION #5**

We recommend consideration be given to streamlining the Provider customer satisfaction instruments. Multiple types of instruments are being used by the Providers. Many of the responses to the questions cannot be measured or effectively evaluated to other providers. Having a consistent customer satisfaction instrument would provide data to measure customer satisfaction relative to the same in terms of metrics, performance measures, quality assurance and timeliness of mitigating corrective actions.

**RECOMMENDATION #6**

A consistent observation was that CSTARs does not work effectively and the implementation process will require a complete documentation and analysis of workflows as part of the system redesign. Any analysis and redesign in workflow done prior to implementation should focus on the long-term changes necessary to DCOA and should be positioned to support the new system. Short-term fixes of processes that will be handled by the new system should be avoided where possible.

We recommend DCOA form a team of experienced staff, one person from each of the key areas, to develop a plan for documenting the current processes, identify all necessary processing details and specifications, and commence documenting the workflows within DCOA. Specifically, DCOA should select 2-3 critical processes to first prototype the documentation process on, review the prototypes, and revise the processes. Before initiating this documentation process, DCOA should receive training from experienced personnel on how best to prepare the documentation (either through city resources or outside contractors experienced in retirement and process/procedures documentation).

**RECOMMENDATION #7**

Volunteer efforts used by the Providers should be captured, documented and managed. Valuable data, success stories and testimonials would assist with strengthening the DCOA and Provider brand within the communities in which they both work and from which they recruit talent that provide meaningful and valuable services.

# GLOSSARY

GLOSSARY	
AARP	American Association of Retired Persons
ADRC	Aging and Disability Resource Center
AGID	Aging Integrated Database
AoA	Administration on Aging
CSTARS	The name of the administration system used by grantees and the DCOA
DCLTCOP	District of Columbia Long-term Care Ombudsman Program
DCOA	District of Columbia Office on Aging
ECI	Employment Cost Index
HCP	Home Care Partners
HICP	Health Insurance Counseling Project
KEEN	Keeping the Elderly Eating Nutritiously
LCE	Legal Counsel for the Elderly
NAPIS	National Aging Program Information System
NORC	Naturally Occurring Retirement Communities
POC	Plan of Care
OAA	Older Americans Act
QMB	The Qualified Medicare Beneficiary Program
REC/SOC	Recreational and Socialization
SLMB	Specified Low-Income Medicare Beneficiary Programs Eligibility
SOME	So Others Might Eat
TECT	Project, Alzheimer's Therapeutic Engagement and Compassionate Touch
WCAS	Washington Center for Aging Services