

Applicant Profile
Department of Aging and Community Living
Fiscal Year 2021 Continuing Grant Program

Applicant Name: _____

Contact Person: _____

Office Address: _____

Mailing Address: _____

Phone/Fax: _____

Email: _____

Website URL: _____

D.U.N.S. Number: _____

Tax Identification Number: _____

Program Area(s): _____

Program Description: _____

Total Program Cost \$ _____

DACL Grant Funds \$ _____

Applicant Funds \$ _____

Printed Name and Title of Authorized Official

Signature of Authorized Official

Date

INSTRUCTIONS FOR COMPLETING THE STANDARD

OUTCOME MEASURES FORMS

Each grantee providing the services must include the relevant **Standard Performance Goals and Outcome Measures Forms** in its grant application. Standard Performance Goals and Outcome Measures are required for **each service that appears in the grantee's Department of Aging and Community Living grant application budget**. The Performance Goals and Outcome Measures Forms are found on the following pages.

The grantee must complete the applicable forms by adding the:

- Name and title of the responsible person
- Department of Aging and Community Living funds (do **not** include the grantee match) the grantee has budgeted for the services that comprise the activity

Definitions

Target Results: The target results are the goals the Program is working to achieve during the fiscal year.

Actual Results: The actual results are what the program achieved during the fiscal year based on actual data.

Demands: the number of requests for service.

Outputs: services and activities used to achieve outcomes.

Outcomes: the level of performance the program reached through the outputs.

Responsible Person: The name and title of the person or people responsible for ensuring that the target results are met.

FY 2021 Budget: The amount of Department of Aging and Community Living funds budgeted for the services comprising this activity.

Submission of Outputs, Demands, and Actual Results Data to the Department of Aging and Community Living

The results will be based on the fiscal year 2021 data. Therefore, the demands, outputs, and actual results are recorded on the forms when the fiscal year has ended and data has been collected and tabulated for the year. ***The completed forms must be sent to the Department of Aging and Community Living at the conclusion of the fiscal year. Grantees will be notified of the date that the forms are due. DACL may require additional***

performance measures/data during this grant period, grantees will be notified of additional requirements at a later date.

Putting Systems in Place to Track Results

The system for using measurement tools, collecting and recording outcomes and demand data, and tracking results, must be in place at the beginning of the fiscal year so that the data will be available to determine whether the target results were met for the year. Progress should be monitored at regular intervals, no less than quarterly. Data and worksheets must be maintained and made available to DACL staff, upon request, for monitoring and/or process improvement purposes.

Recording Outputs and Demands

Some outcomes and demands, specifically the number of clients receiving a particular service, are provided by CSTARS based on the client data entered by grantees. Other data, based on the number of participants screened and reassessed, the results of screenings and reassessments, the length of time a client has received service, and the results of customer surveys and training evaluation forms must be tracked by the grantee.

The nutrition performance measures require screenings and follow-up screenings. Nutrition follow-up screenings on high-risk clients should occur at six-month intervals. All clients receiving reassessments within the fiscal year should be included in the calculations to determine what percentage of clients had improved nutrition or healthy lifestyle scores upon reassessment.

Service longevity spreadsheets required for most in-home and continuing care service performance measures must list the clients in the program and track their service use during the fiscal year. Clients who receive service throughout the fiscal year are counted as having remained in their home for the year. Clients, who stop service ***temporarily (less than 90 days)*** during the year for situations such as hospitalization, may still be counted as remaining in their homes.

Customer surveys, required by most community-based service performance measures, must be completed prior to the end of the fiscal year allowing enough time for responses to be received, analyzed and included in the final results.

Calculating Target Results

Example Nutrition Services: 50% of seniors identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score.

- **Demand**
 - 250 participants at high nutritional risk received follow-up screening (will be lower than the number assessed at high risk because some may have dropped out of the program or follow-up screening was not possible for a variety of reasons)
- **Output**
 - 50 participants who received follow-up screening had an improved nutritional risk score (improved by one or more points)
- **Actual Result Calculation = output divided by demand, i.e.**
 - $50/250 = 20\%$ improved
- **Actual Result 20%**

Example Day Care: 75% of seniors receiving day care services will remain in their homes during the evaluation period.

- **Demand**
 - 100 participants received day care services
- **Output**
 - 50 participants received services for one year (participants who stop services *temporarily* may be counted)
- **Actual Result Calculation = output divided by demand, i.e.**
 - $50/100 = 50\%$ remained in their home for one year
- **Actual Result 50%**

Example Community-based Services (i.e., Congregate Meals, Nutrition Education, Nutrition Counseling, Recreation, Counseling, Transportation to Sites): 70% of participants will report that the services enable them to maintain an active and independent lifestyle.

- **Demand**
 - 75 people responded to this question on the customer survey.
- **Output**
 - 70 respondents reported the services enabled them to maintain an active and independent lifestyle.
- **Actual Result Calculation = output divided by demand, i.e.**
 - $70/75=93\%$ reported that the services enabled them to maintain an active and independent lifestyle.
- **Actual Result 93%**

Agency _____

Service: _____

D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK

**Performance Goals and Outcome Measures for the In-Home Services
and
Day Care Programs
FY 2021**

PROGRAM	IN-HOME AND CONTINUING CARE										
Activity	In-Home and Day Care Services										
Activity Purpose Statement	The purpose of providing In-home and Day Care services to frail Washingtonians 60 years of age and older is so that they can remain in their homes longer.										
Services that Comprise the Activity	<ul style="list-style-type: none">• Homemaker services• Specialized homemaker services for people suffering from dementia• Day Care• DC Caregiver Institute• Heavy House Cleaning• Volunteer Caregiver• Age-In-Place• UDC Respite Aide Program										
Activity Performance Measures	<table><tr><th>Target Results:</th><th>Actual Results</th></tr><tr><td>65% of seniors receiving these services will remain in their homes for one year.</td><td>_____%</td></tr><tr><td colspan="2"><u>Measurement Tool:</u> Service Longevity Spreadsheet</td></tr><tr><td colspan="2">Demand: ____# of clients receiving these services at beginning of fiscal year</td></tr><tr><td colspan="2">Output: ____# of same clients receiving these services at end of fiscal year.</td></tr></table>	Target Results:	Actual Results	65% of seniors receiving these services will remain in their homes for one year.	_____%	<u>Measurement Tool:</u> Service Longevity Spreadsheet		Demand: ____# of clients receiving these services at beginning of fiscal year		Output: ____# of same clients receiving these services at end of fiscal year.	
Target Results:	Actual Results										
65% of seniors receiving these services will remain in their homes for one year.	_____%										
<u>Measurement Tool:</u> Service Longevity Spreadsheet											
Demand: ____# of clients receiving these services at beginning of fiscal year											
Output: ____# of same clients receiving these services at end of fiscal year.											
Responsible Person											
FY 2021 Budget (Department of Aging and Community Living share only)											

Agency: _____

Service: _____

D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK

**Performance Goals and Outcome Measures for the In-Home Nutrition Program
FY 2021**

PROGRAM	IN-HOME AND CONTINUING CARE
Activity	In-Home Nutrition Services
Activity Purpose Statement	The purpose of providing In-Home Nutrition Services to Washingtonians 60 years of age and older is to improve their nutritional health and support their efforts to remain in their homes.
Services that Comprise the Activity	Home Delivered Meals (weekday and weekend) Transportation of Home Delivered Meals
Activity Performance Measures	<p>Target Results: _____ Actual Results _____%</p> <p>50% of seniors identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score. (LEAD AGENCIES ONLY)</p> <p>65% of seniors receiving in-home nutrition services will remain in their homes one year. (LEAD AGENCIES ONLY)</p> <p><i>Measurement Tools: Nutrition Screening Form and Service Longevity Spreadsheet</i></p> <p><u>Demands: (LEAD AGENCIES ONLY)</u></p> <p>____ # of high-risk participants who received follow-up screening for nutritional risk</p> <p>____ # of participants receiving home-delivered meals at the start of the fiscal year</p> <p><u>Outputs: (LEAD AGENCIES ONLY)</u></p> <p>____ # of high-risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points)</p> <p>____ # of same participants receiving home-delivered meals at end of the fiscal year</p>
Responsible Person	
FY 2021 Budget (Department of Aging and Community Living share only)	

Agency: _____

Service: _____

D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK

**Performance Goals and Outcome Measures for Comprehensive
Assessment and Case Management Services
FY 2021**

PROGRAM	IN-HOME AND CONTINUING CARE
Activity	Comprehensive Assessment and Case Management
Activity Purpose Statement	The purpose of providing In-home and Day Care services to Washingtonians 60 years of age and older is to enable them to remain in their homes.
Services that Comprise the Activity	Comprehensive Assessment Case Management
Activity Performance Measures	<p><u>Target Results:</u> <u>Actual Results</u></p> <p>75% of seniors receiving comprehensive assessment and case management services will _____% successfully complete 80% of services on the plan of care within stated timeframes.</p> <p><i><u>Measurement Tool:</u> Service Longevity Spreadsheet</i></p> <p><u>Demand:</u> ____ # of clients receiving case management services at the start of the fiscal year</p> <p><u>Outputs:</u> ____ # of same clients completing services within POC timeframes.</p>
Responsible Person	
FY 2021 Budget (Department of Aging and Community Living share only)	

Agency: _____

Service: _____

D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK

**Performance Goals and Outcome Measures for Transportation and
Escort
FY 2021**

PROGRAM	IN-HOME AND CONTINUING CARE										
Activity	Transportation and Escort										
Activity Purpose Statement	The purpose of providing In-home and Day Care services to Washingtonians 60 years of age and older is to enable them to remain in their homes.										
Services that Comprise the Activity	Transportation and Escort										
Activity Performance Measures	<table><tr><th><u>Target Results:</u></th><th><u>Actual Results</u></th></tr><tr><td>80% of scheduled trips will be completed within scheduled timeframe.</td><td>_____ %</td></tr><tr><td colspan="2"><i>Measurement Tool: Follow-up Contact Log</i></td></tr><tr><td colspan="2"><u>DEMAND:</u> ____ # of clients requesting transportation and escort services at the start of the fiscal year</td></tr><tr><td colspan="2"><u>OUTPUT:</u> ____ # of same clients receiving transportation and escort services at end of the fiscal year</td></tr></table>	<u>Target Results:</u>	<u>Actual Results</u>	80% of scheduled trips will be completed within scheduled timeframe.	_____ %	<i>Measurement Tool: Follow-up Contact Log</i>		<u>DEMAND:</u> ____ # of clients requesting transportation and escort services at the start of the fiscal year		<u>OUTPUT:</u> ____ # of same clients receiving transportation and escort services at end of the fiscal year	
<u>Target Results:</u>	<u>Actual Results</u>										
80% of scheduled trips will be completed within scheduled timeframe.	_____ %										
<i>Measurement Tool: Follow-up Contact Log</i>											
<u>DEMAND:</u> ____ # of clients requesting transportation and escort services at the start of the fiscal year											
<u>OUTPUT:</u> ____ # of same clients receiving transportation and escort services at end of the fiscal year											
Responsible Person											
FY 2021 Budget (Department of Aging and Community Living share only)											

Agency: _____

Service: _____

D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK

**Performance Goals and Outcome Measures for the Caregiver
Program
FY 2021**

PROGRAM	IN-HOME AND CONTINUING CARE																					
Activity	Caregiver Support																					
Activity Purpose Statement	The purpose of providing Caregiver Support to eligible caregivers residing in Washington, D.C. is to enable caregivers to continue to provide care.																					
Services that Comprise the Activity	Caregiver Institute Spring Cleaning Caregiver Assessment and Case Management Supplemental	Caregiver Education Respite Extended Day Care UDC Respite Aide																				
Activity Performance Measures	<table><tr><th>Target Results:</th><th>Actual Results</th></tr><tr><td>75% of caregivers will report that the services had a positive impact on their ability to provide care.</td><td>_____ %</td></tr><tr><td colspan="2">67% of Caregivers receiving Caregiver Support remain in the program for one year.</td></tr><tr><td colspan="2"><u>Demand:</u></td></tr><tr><td>____ # of caregivers responding to the customer survey question regarding services having a positive impact on their ability to provide care</td><td></td></tr><tr><td>____ # of Caregivers receiving services</td><td></td></tr><tr><td>____ # caregivers testing higher on post service survey</td><td></td></tr><tr><td colspan="2"><u>Outcomes:</u></td></tr><tr><td>____ # of respondents reporting a positive impact.</td><td></td></tr><tr><td>____ # of Caregivers receiving services in September.</td><td></td></tr></table>		Target Results:	Actual Results	75% of caregivers will report that the services had a positive impact on their ability to provide care.	_____ %	67% of Caregivers receiving Caregiver Support remain in the program for one year.		<u>Demand:</u>		____ # of caregivers responding to the customer survey question regarding services having a positive impact on their ability to provide care		____ # of Caregivers receiving services		____ # caregivers testing higher on post service survey		<u>Outcomes:</u>		____ # of respondents reporting a positive impact.		____ # of Caregivers receiving services in September.	
Target Results:	Actual Results																					
75% of caregivers will report that the services had a positive impact on their ability to provide care.	_____ %																					
67% of Caregivers receiving Caregiver Support remain in the program for one year.																						
<u>Demand:</u>																						
____ # of caregivers responding to the customer survey question regarding services having a positive impact on their ability to provide care																						
____ # of Caregivers receiving services																						
____ # caregivers testing higher on post service survey																						
<u>Outcomes:</u>																						
____ # of respondents reporting a positive impact.																						
____ # of Caregivers receiving services in September.																						
Responsible Person																						
FY 2021 Budget (DACL share only)																						

Agency: _____

Service: _____

DC DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for Health Promotion
FY 2021

PROGRAM	COMMUNITY-BASED SUPPORT
Activity	Health Promotion
Activity Purpose Statement	The purpose of the health promotion activity is to provide physical fitness, health screenings, and wellness information to Washingtonians 60 years of age and older so they can increase their awareness of and adopt healthy behaviors.
Services that Comprise the Activity	Health Promotion Wellness (including fitness classes, health screening, health and nutrition information sessions)
Activity Performance Measures	Target Results: _____ Actual Results _____% 75% of health promotion participants will report that health promotion activities increased their awareness of healthy behaviors and led them to adopt one or more healthy habits. (SERVICE AGENCIES OTHER THAN WELLNESS CENTERS) <u>Measurement Tools:</u> Health Promotion Participants – Customer Survey Demand: ____ # of health promotion participants responding to customer survey Outcomes: ____ # of same health promotion participants reporting an increase in their awareness of and practice of healthy habits.
Responsible Person	
FY 2021 Budget (Department of Aging and Community Living share only)	

Agency: _____

Service: _____

**D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for Elder Rights
Assistance
FY 2021**

PROGRAM	COMMUNITY -BASED SUPPORT												
Activity	Elder Rights Assistance												
Activity Purpose Statement	The purpose of providing Elder Rights Assistance to Washingtonians 60 years of age or older and their legal representatives is to address their legal issues and nursing home and community residence facility concerns within a timely manner.												
Services that Comprise the Activity	Legal Services Advocacy (Long Term Care Ombudsman)												
Activity Performance Measures	<table border="0"><thead><tr><th>Target Results:</th><th>Actual Results</th></tr></thead><tbody><tr><td>85% of calls for legal assistance are responded to within two days.</td><td>_____ %</td></tr><tr><td>85% of nursing facility and community residence facility complaints received are resolved in fiscal year</td><td>_____ %</td></tr><tr><td colspan="2"><i><u>Measurement Tools:</u> Telephone response tracking log and complaint investigation log.</i></td></tr><tr><td colspan="2"><u>Demand:</u> ____ # of clients calling for legal assistance ____ # of requests for nursing home/CRF complaint assistance</td></tr><tr><td colspan="2"><u>Outcomes:</u> ____ # of clients contacted by a legal assistance representative within two days. ____ # of nursing home/CRF complaints resolved in fiscal year</td></tr></tbody></table>	Target Results:	Actual Results	85% of calls for legal assistance are responded to within two days.	_____ %	85% of nursing facility and community residence facility complaints received are resolved in fiscal year	_____ %	<i><u>Measurement Tools:</u> Telephone response tracking log and complaint investigation log.</i>		<u>Demand:</u> ____ # of clients calling for legal assistance ____ # of requests for nursing home/CRF complaint assistance		<u>Outcomes:</u> ____ # of clients contacted by a legal assistance representative within two days. ____ # of nursing home/CRF complaints resolved in fiscal year	
Target Results:	Actual Results												
85% of calls for legal assistance are responded to within two days.	_____ %												
85% of nursing facility and community residence facility complaints received are resolved in fiscal year	_____ %												
<i><u>Measurement Tools:</u> Telephone response tracking log and complaint investigation log.</i>													
<u>Demand:</u> ____ # of clients calling for legal assistance ____ # of requests for nursing home/CRF complaint assistance													
<u>Outcomes:</u> ____ # of clients contacted by a legal assistance representative within two days. ____ # of nursing home/CRF complaints resolved in fiscal year													
Responsible Person													
FY 2021 Budget (Department of Aging and Community Living share only)													

Agency:_____

Service:_____

**D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for Community Services
FY 2021**

PROGRAM	COMMUNITY -BASED SUPPORT
Activity	Community Services
Activity Purpose Statement	The purpose of providing Community Services to Washingtonians 60 years of age and older is to enable them to maintain an active and independent life style.
Services that Comprise the Activity	Counseling Transportation (to sites and activities) Recreation/Socialization

Activity Performance Measures	<div> <div> <u>Target Results:</u> </div> <div> <u>Actual Results</u> </div> </div> <div> 80% of seniors who receive community-based services will report that they were able to maintain active and independent life styles. <div>_____%</div> </div> <div> <u>Measurement Tools:</u> <i>Customer Survey and Nutrition Screening Form</i> </div> <div> <u>Demands:</u> <div> _____# of community service clients responding to customer survey question regarding their ability to maintain an active and independent lifestyle. </div> </div> <div> <u>Outcomes:</u> <div> _____# of community service clients who report an active and independent life style. </div> </div>
Responsible Person	
FY 2021 Budget (Department of Aging and Community Living share only)	

Agency: _____

Service: _____

**D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for Community Services
FY 2021**

PROGRAM	COMMUNITY -BASED SUPPORT
Activity	Community Nutrition Services
Activity Purpose Statement	The purpose of providing Community Services to Washingtonians 60 years of age and older is to enable them to maintain an active and independent life style.
Services that Comprise the Activity	Congregate meals (Weekday and Weekend) Nutrition Education Nutrition Counseling

Activity Performance Measures	<div> <div> Target Results: </div> <div> Actual Results </div> </div> <p>50% 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. (LEAD AGENCIES ONLY)</p> <p><u>Measurement Tools:</u> Customer Survey and Nutrition Screening Form</p> <p><u>Demands:</u></p> <p>_____# of high-risk participants who received follow-up screening for nutritional risk. (LEAD AGENCIES ONLY)</p> <p><u>Outputs:</u></p> <p>(LEAD AGENCIES ONLY)</p> <p>_____# of high-risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points)</p>
Responsible Person	
FY 2021 Budget (Department of Aging and Community Living share only)	

Agency: _____

Service: _____

D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK
Performance Goals and Outcome Measures for Supportive
Residential Facilities
FY 2021

PROGRAM	COMMUNITY -BASED SUPPORT
Activity	Supportive Residential Facilities
Activity Purpose Statement	The purpose of providing Supportive Residential Facilities to Washingtonians 60 years of age and older who cannot live independently and/or have limited housing options is to ensure that they live safely and receive care that meets their needs.
Services that Comprise the Activity	Emergency Shelter Group Homes Community Residence Facility
Activity Performance Measures	<p><u>Target Results:</u> <u>Actual Results</u></p> <p>80% of supportive residential facility clients _____% will report that the care they receive meets their needs.</p> <p>80% of supportive residential facility clients _____% will maintain their placement.</p> <p><u>Measurement Tool:</u> <i>Customer Survey</i></p> <p><u>Demands:</u></p> <p>_____ # of clients responding to the customer survey question regarding services meeting their needs.</p> <p>_____ # of clients responding to the customer survey question regarding safety</p> <p><u>Outputs:</u></p> <p>_____ # of respondents who report their needs are met by the facility.</p> <p>_____ # of respondents who report they feel safe in the facility</p> <p>_____ # Number of unusual incidents reports for the facility</p>
Responsible Person	
FY 2021 Budget (DACL share only)	

Agency: _____

Service: _____

D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for Literacy and Training FY 2021

PROGRAM	CONSUMER INFORMATION, ASSISTANCE, AND OUTREACH
Activity	Training and Education
Activity Purpose Statement	The purpose of providing training and education to seniors, service providers, and the general public is to increase knowledge, skills, and competency in areas of benefit to seniors.
Services that Comprise the Activity	Literacy Classes Training Classes
Activity Performance Measures	<p><u>Target Results:</u> 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.</p> <p>15% increase in a number of unduplicated training participants from FY 2021. _____%</p> <p><u>Measurement Tool:</u> Training Evaluation</p> <p><u>Demand:</u> ____ # of students/trainees responding to the training evaluation question regarding enhanced knowledge and/or improved skills. ____ #of unduplicated trainees who attended training in FY 2019</p> <p><u>Output:</u> ____ # of respondents who report enhanced knowledge and/or increased skills. ____ # of unduplicated trainees in FY 2021</p>
Responsible Person	
FY 2021 Budget (Department of Aging and Community Living share only)	

Agency: _____

Service: _____

**D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for
the In-Home and Community Based Services
FY 2021**

PROGRAM	IN-HOME AND COMMUNITY-BASED SERVICES
Activity	IN-HOME AND COMMUNITY-BASED SERVICES
Activity Purpose Statement	The purpose of providing In-home and Community Based services to senior Washingtonians 60 years of age and older is so that they can remain in their homes in the community longer.
Services that Comprise the Activity	<ul style="list-style-type: none">• Homemaker services• Specialized homemaker services for people suffering from dementia• Day Care• DC Caregiver Institute• Heavy House Cleaning• Volunteer Caregiver• Age-In-Place• UDC Respite Aide Program• Home-Delivered Meals (Weekday and Weekend)• Weekend Congregate Meals• Case Management• Comprehensive Assessment• Congregate Meals• Nutrition Counseling• Transportation & Escort

Activity Performance Measures	<div> <div> Target Results: </div> <div> Actual Results </div> </div> <div> 75% of seniors receiving these services will remain in their homes for one year. <div>_____%</div> </div> <div> <u>Measurement Tool:</u> <i>Service Longevity Spreadsheet</i> </div> <div> Demand: _____# of clients receiving these services at beginning of fiscal year </div> <div> Output: _____# of clients receiving crisis services during the reporting period _____# clients hospitalized during the reporting period </div>
Responsible Person	
FY 2021 Budget (Department of Aging and Community Living share only)	

Attachment C

D.C. DEPARTMENT OF AGING AND COMMUNITY LIVING FY 2021 BUDGET SUMMARY SHEET

Object Class Category	DACL	Non DACL Cash	Non DACL In-Kind	TOTAL	Justification
Personnel					
Fringe Benefits					
Total Personnel cost					
Travel					
Occupancy					
Supplies/Equipment					
Communication					
Other					
Subtotal Other Cost					
Indirect Charges @10% of TPC					
Total Budget					

Attachment C

Budget Narrative Sample Format

PERSONNEL

Project Director. The Project Director will oversee all aspects of the grant. Responsibilities will include ensuring that budget and timetable targets are met, selecting contractors, putting together an advisory committee, preparing project reports, working with evaluation consultant to develop the project evaluation, and supervising the project staff. The Project Director will work 100% of the time for 12 months. Based on an annual salary of \$60,000, the cost of the project will be \$60,000.

DACL Funds: \$60,000	Matching Funds: \$0	Total: \$60,000
----------------------	---------------------	-----------------

Administrative Assistant. The Administrative Assistant receives all incoming correspondence, fields all calls and greets customers at the point of entry. Maintain paper documentation and electronic information in orderly systems. Supports staff, maintain supply inventory and schedules for each of the 7 nutrition meal sites. The assistant assigned 100% of the time to the project for 12 months with an annual base salary of \$24,000. The total cost with fringe @ 100% will be \$26,400.

DACL Funds: \$8,000	Matching Funds: \$18,400	Total: \$26,400
---------------------	--------------------------	-----------------

Total DACL Funds: \$68,000
Total Matching Funds: \$18,400
Total Personnel Cost: \$86,400

SUPPLIES

Office supplies will be purchased to carry out general administration and program activities. Supplies will be purchased on a quarterly basis for the program year. Incidental supply needs will be handled through emergency funds. A general list is attached, however, the supplies will include, paper, cartridges, toner, computer software, binders, stationary, water, books.

DACL Funds: \$2,000	Matching Funds: \$22,000	Total: \$24,000
---------------------	--------------------------	-----------------

Total DACL Funds: \$2,000
Total Matching Funds: \$22,000
Total Supply Cost: \$24,000

Four personal computers will be purchased installed at each of 3 sites for computer training. Each computer will be equipped with a high-speed modem and a CD-ROM drive and will cost \$24,000.

Total: \$24,000

DACL Funds: \$7,249

Total: \$14,498

Total Equipment Cost: \$38,498

Travel funds will be used to support social worker travel to conduct in-home assessments, screenings, and nutrition counseling sessions with homebound clients. Staff will receive reimbursement at .505 for mileage. 700 miles x .505 per mile = \$353.5

Total: \$353.5

Total: \$101.25

Total: \$240

Total: \$2,000

Total DACL Funds: \$1,700
Total Matching Funds: \$994.75
Total Travel Cost: \$2,694.75

Communications

Monthly telephone and internet billing along with one organization cell phone will be supported through 2010 funds.

DACL Funds: \$ 2,000 Matching Funds: \$ 0 Total: \$2,000

Total DACL Funds: \$2,000
Total Matching Funds: \$0
Total Communications Cost: \$2,000

Occupancy

Two thousand square feet of office space located at 2222 Jelly Roll Street, NW, Washington, DC 2999 is leased from Whosoever Realty Co. to house the lead agency headquarters and a nutritional meal site program at @ \$2.00 per square foot. The monthly lease is \$4,000 and \$48,000 for the year (see Appendix 4 Lease Agreement).

DACL Funds: \$42,000 Matching Funds: \$6,000 Total: \$48,000

Utilities are averaged over a 12 month period based upon the previous year usage as follows:

1. Gas @ \$100 mo. x12 = \$1,200
2. Electric @ \$75 mo. x 12 = \$900
3. Water – is covered in the lease = \$0
4. Trash removal 150 mo. x 12 = \$1,800
5. Snow/grass maintenance \$125 x7appointments = \$875

DACL Funds: \$4,775 Matching Funds: \$0 Total: \$4,775

IN-KIND MATCH: Memorandum of Understandings exists with Joseph Property Management for one meal site estimated @ \$120.00 month per the current market renter's rate for the area. Total annual in-kind space agreement is \$1,440 per annum.

DACL Funds: \$0 Matching Funds: \$1,440 Total: **\$1,440 in-kind**

Total DACL Funds: \$42,000
Total Matching Funds: \$10,775
Total Occupancy Cost: \$52,775
Total In-kind: 1,440

Other Directs

Blank Check Food Service Contract provides specialty meals for birthday center events = \$400

Transportation Services for meals – flat rate cost for transportation of meals to sites from caterer Monday through Friday for 52 weeks = \$15,000

Employee Background Checks -Expenses for 85 new employee background checks at \$30.00 each = \$2,550

Copier Contract - annual service contract on cannon copier = \$2,500

Exercise Consultant- Consultant provides 26 exercise sessions annually not to exceed two 2 hour sessions per month for 12 months @ \$269.23 per mo. = \$7,000

DACL Funds: \$23,332 Matching Funds: \$4,118 Total: \$27,450

Total DACL Funds: \$ 23,332
Total Matching Funds: \$4,118
Total Other Directs Cost: \$27,450

INDIRECT COSTS

Administrative Clerical Pool - 2 staff @ \$12.00/ hr. x 1040 hrs. ea. = \$24,960

Facilities supplies and janitorial support services 12 mos. x \$150 = \$1,800

Accountant consultant: not to exceed 192 hrs. @ 20.00/ hr = \$3,840

Total Personnel Cost @ 7,000

DACL Funds: \$37,600 Matching Funds: \$ 0 Total: \$37,600

Total DACL Funds: \$37,600
Total Matching Funds: \$0
Total Indirect Costs: \$37,600

TOTAL FY 2021 GRANT PROGRAM FUNDING

Total DACL Grant Award Funds: \$187,881.00

Total Local Cash Matching Funds: \$83,536.75 @ 31% of total grant

Total Local In-Kind Matching Funds: \$1,440

Total Program Grant: 272,857.75

LOCAL CASH MATCH SOURCE OF FUNDS

FUND SOURCE	AMOUNT	COST ALLOCATION	PURPOSE
GSAP Grant:	\$ 7,249	Equipment	Great Server purchase
Participant Contributions:	\$ 240	Travel	Purchase of Call-N-Ride coupons
Participant Contributions:	\$ 300	Travel	Bus rental for trips

NOTE: In FY 2021, all in-kind cash *must be certified* by the funding source via a letter from the funder indicating: (1) amount of funding, (2) disbursement date, and (3) authorization for use of matching funds.

Attachment D

CSTARs Monthly Service Reporting and M-1 Submission Schedule FY21

Any data entered after final submission date will be disallowed.

Service Month	Unit Service Reporting Date on CSTARs*	M-1 Submission Date	Source Documentation Submission**
October 2020	November 16, 2020	November 20, 2020	November 30, 2020
November 2020	December 15, 2020	December 21, 2020	December 31, 2020
December 2020	January 15, 2021	January 20, 2021	January 29, 2021
January 2021	February 15, 2021	February 19, 2021	February 26, 2021
February 2021	March 15, 2021	March 19, 2021	March 31, 2021
March 2021	April 15, 2021	April 20, 2021	April 30, 2021
April 2021	May 14, 2021	May 20, 2021	May 31, 2021
May 2021	June 15, 2021	June 21, 2021	June 30, 2021
June 2021	July 15, 2021	July 20, 2021	July 30, 2021
July 2021	August 16, 2021	August 20, 2021	August 31, 2021
August 2021	September 15, 2021	September 20, 2021	September 30, 2021
September 2021	TBD	TBD	TBD

M-1 will not be processed if unit service data is not in the system.

* All monthly unit services must be reported in CSTARs by due date to receive monthly reimbursement.

**The Source Documentation is due at the end of the month following the month of service.

Attachment E

DC DEPARTMENT OF AGING AND COMMUNITY LIVING
SSN EQUIPMENT/SUPPLIES INVENTORY LISTING

Grantee Name:[illegible]

DC DEPARTMENT OF AGING AND COMMUNITY LIVING

CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND
OTHER
RESPONSIBILITY MATTERS, DRUG-FREE WORKPLACE
REQUIREMENTS
AND LOBBYING

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 45 CFR Part 74.13, 2 CFR Part 180 "Government Debarment and Suspension (Non-procurement)"; 45CFR Part 82 "Government-wide Requirements for Drug-Free Workplace"; and 45 CFR Part 93 "New Restrictions on Lobbying." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the District of Columbia Department of Aging and Community Living determines to award the covered transaction, grant, or cooperative agreement.

1. Debarment, Suspension, and Other Responsibility Matters

As required by Executive Order 12549 and 12689 Debarment and Suspension, and implemented at 45 CFR 74.13 and 2 CFR 215.13, for prospective participants in primary covered transactions, as defined at 2 CFR Part 180 Subpart C.

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal

offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph(1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal,

State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

2. Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 82, Subpart F, for grantees, as defined at 45 CFR Part 82, Sections 82.605 and 82.610 –

A. The grantee certifies that it will maintain a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful, manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.

Employers of convicted employees must provide notice, including position title, to: Executive Director, District of Columbia Department of Aging and Community Living, 500 K Street, N.E., Washington, D.C. 20002. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free

workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Place of Performance: _____
Address: _____
Address: _____
City: _____
State: _____
Zip Code: _____
County: _____

☐ Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 82, Subpart F, for grantees, as defined at 45 CFR Part 82, Sections 82.605 and 82.610 (A) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(B) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to: Executive Director, District of Columbia Department of Aging and Community Living, 441 4th Street, NW, Suite 900 South, Washington, DC 20001. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

3. LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements As required by Section 1352, Title 31 of the U.S. Code, and implemented at 45 CFR Part 93, for persons entering into a grant, cooperative agreement or contract over \$100,000, or loan, or loan guarantee over \$150,000, as defined at 45 CFR Part 93, Sections 93.105 and 93.110 the applicant certifies that to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any

person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by

section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned certifies, to the best of his or her knowledge and belief, that: if any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the

United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure

Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification(s).

<p>NAME OF APPLICANT: _____</p> <p>AWARD NUMBER AND/OR PROJECT NAME: _____</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p>

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC Department of Aging and Community Living**

ASSURANCES

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements – 28 CFR, Part 215, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with the minimum wage and maximum hour provisions of the Federal Fair Labor Standards Act if applicable.
4. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
5. It will give the sponsoring agency of the District of Columbia, the DC Office of Inspector General, the DC Attorney General, the U.S. Department of Health and Human Services/Administration on Aging, Office of Inspector General, and or the Comptroller General of the United States, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
6. It will comply with all requirements imposed by the DC Department of Aging and Community Living concerning special requirements of law, program requirements, and other administrative requirements.
7. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA), list of Violating Facilities and that it will notify the Department of Aging and Community Living of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
8. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved

December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance", includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

9. It will assist the Department of Aging and Community Living in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. Seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
10. It will comply with the provisions of 45 CFR applicable to grants and cooperative agreements: Part 80, Nondiscrimination under programs relieving Federal assistance through the Department of Health and Human Services effectuation of Title VI of the Civil Rights Act of 1964; Part 74 as applicable under Section 74.5, Part 82 government wide requirements for Drug Free Workplace; and Federal laws or regulations applicable to Federal Assistance Programs.
11. It will comply, and all its contractors will comply, with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Health and Human Services Regulations, 45 CFR Part 80 Subparts C, D, E and G; and Department of Health and Human Services regulations on disability discrimination, 45 CFR Parts 80, 84, 90, and 91.
12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the DACL and Office for Civil Rights, Office of Health and Human Services.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will coordinate with other available resources in the target area, i.e. Health Facilities, Public Libraries, Colleges and Universities and develop agreements with educational institutions outlining courses available to seniors either without cost or at a discount.
16. It will adhere to Department of Aging and Community Living Policy Memorandum 01-P08, Continuation Application Instructions for Department of Aging and Community Living Grantees Receiving D.C. Department of Aging and Community Living and Medicaid for the Same Service, as applicable, and to Department of Aging and Community Living Policy Memorandum 02-P07, Approval for Key Personnel, as applicable
17. It will comply with the DACL Grants Policy Manual.

18. It will give priority in hiring to D.C. residents when filling vacant positions.
19. It will give priority in hiring to individuals age 55 and over.
20. It will adhere to the D.C. Department of Aging and Community Living mandate that all participant travel, for reimbursement purposes, will not extend beyond the 20-mile radius limit of the Washington Beltway surrounding the District of Columbia except where specifically provided under the grant or approved in advance in writing by DACL.
21. It will submit all reports, i.e., Monthly Comprehensive Uniform Reporting Tool (CURT), (including NAPIS information, if applicable), CSTARs data entry, M-1 in a timely manner, and not later than the monthly due date.
22. It will ensure that client intake forms are completed annually in the DACL Client Information Management System including information on age, gender, ethnicity and poverty status.
23. It will ensure that all applicable logs regarding services provided, including services specifically for caregivers under the National Family Caregiver Support Program are maintained according to the terms and conditions of the grant.
24. It will ensure that the grantee is represented by the Project Director or another comparable level staff member at monthly Department of Aging and Community Living - sponsored Project Director meeting.
25. It will submit an inventory listing of all equipment purchased in whole or in part with Department of Aging and Community Living funds. Further, it will comply with the requirement that all equipment purchased with D.C., Department of Aging and Community Living funds will be labeled as property of DACL and will not be disposed of, i.e., transferred, replaced or sold, without prior approval from the Department of Aging and Community Living.
26. It will include on all stationery, publicity, and promotional material and related written, electronic and oral communications the following identifier:



**Part of the Senior Service Network
Supported by the D.C. Department of Aging and Community Living.**

27. It will include in the written descriptions and verbal presentations of services funded by the Department of Aging and Community Living, that the programs and services are provided in partnership with the Department of Aging and Community Living, in accordance with OAA Policy Memorandum 02-PO5, Acknowledgement of Department of Aging and Community Living Financial Support.

**As the duly authorized representative of the applicant,
I hereby certify that the applicant will comply with the above assurances.**

1. Grantee Name and Address

2. Project Name

3. Typed Name and Title of Authorized Representative

4. Signature of Authorized Representative

5. Date

Attachment H

FY 2021 D.C. Department of Aging and Community Living Nutrition Priority Scale Assessment Forms

Priority Scale for Community Dining Program

Please use the following scale to assess clients referred to DACL's nutrition programs. This form is not used to determine eligibility for the meal programs, but DACL may use this information to assess the overall need for nutrition services.

Category	Source	Reference Number	Indicator on Source	Points	Points Selected
Social Isolation	Universal Intake	1	Select if the client indicates "Lives alone"	3	
Minority (OAA)	Universal Intake	2	Select if the client indicates race is any choice except "White Non-Hispanic"	1	
Income at or below Federal Poverty Level (OAA)	Universal Intake	3	a) Select 5 points if the client answers yes to "Are you at or below (federal) poverty level?" <i>OR</i> b) Select 3 points if the client indicates enrollment in Medicaid, Food Stamps/SNAP, or CSFP.	5 OR 3	
Risk of Institutionalization (OAA)	Universal Intake	4	Select if the client needs assistance with at least two ADLs	5	
Low English Proficiency (OAA)	Universal Intake	5	Select if the client indicates the Primary Language Spoken at Home is any choice except English	2	
Food Insecurity	Nutrition Screen	7	Select if the client indicates "I don't always have enough money to buy the food I need."	5	
Social Isolation	Nutrition Screen	8	Select if the client indicates "I eat alone most of the time."	3	
Total Score					
				Rank #1 (High Priority)	17-24
				Rank #2	10-16
				Rank #3	3-9
				Rank #4 (Low Priority)	≤2

Priority Scale for HDM Program

Please use the following scale to assess clients referred to DACL's nutrition programs. This form is not used to determine eligibility for the meal programs, but DACL may use this information to assess the overall need for nutrition services.

Name:

Ward:

Category	Source	Reference Number	Indicator on Source	Points	Points Selected
Social Isolation	Universal Intake	1	Select if the client indicates "Lives alone"	3	
Minority (OAA)	Universal Intake	2	Select if the client indicates race is any choice except "White Non-Hispanic"	1	
Income at or below Federal Poverty Level (OAA)	Universal Intake	3	a) Select 5 points if the client answers yes to "Are you at or below (federal) poverty level?" OR b) Select 3 points if the client indicates enrollment in Medicaid, Food Stamps/SNAP, or CSFP.	5 OR 3	
Risk of Institutionalization (OAA)	Universal Intake	4	Select if the client needs assistance with at least two ADLs	5	
Low English Proficiency (OAA)	Universal Intake	5	Select if the client indicates the Primary Language Spoken at Home is any choice except English	2	
Able to prepare own meals	Universal Intake	6	Select if the client does NOT indicate needing assistance "Preparing Meals" under IADLs	-2	
Social Isolation	Nutrition Screen	7	Select if the client indicates "I eat alone most of the time."	3	
Able to shop for food	Nutrition Screen	8	Select if the client does NOT indicate "I am not always physically able to shop, cook, and/or feed myself."	-2	
"High" Nutritional Risk Score	Nutrition Screen	9	Select if the total Nutritional Risk score is 6 or more	4	
Cognitive Disorders	HDM assessment	10	Select if the boxed is checked yes for "Does the client have a cognitive or other mental impairment that requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual"	2	
Food Insecurity	HDM assessment	11	Select if the client answers "Often True" or "Sometimes True" to the question: 1. "Within the past 12 months, we worried whether our food would run out before we got money to buy more."	5	
Food Insecurity	HDM assessment	12	Select if the client answers "Often True" or "Sometimes True" to the question: 2. "Within the past 12 months the food that we bought just didn't last, and we didn't have money to get more."	5	
Receiving meals from another source	HDM assessment	13	Select if the client indicates receiving <u>prepared meals</u> , not groceries or food assistance, from another organization under "Describe the source of food and meals (include agencies, benefits, the frequency of distribution)."	-5	
Has a home health aide or individual in a home that can prepare food for them	HDM assessment	14	a) Deduct 5 points if the client indicates that they have a home health aide for 8 hours or more/day AND a primary responsibility of the HHA is to cook. OR b) Deduct 3 points if the client indicates that they have a home health aide for less than 8 hours/day AND a primary responsibility of the HHA is to cook	-5 OR -3	
Total Score					

Rank #1 (High Priority)	24-34
Rank #2	14-23
Rank #3	4-13
Rank #4 (Low Priority)	≤3
Select Rank Based on Score	

FY 2021 D.C. Department of Aging and Community Living

Nutrition Supplemental Priority Scale

Priority Scale for Nutrition Supplement Program

Please use the following scale to assess clients referred to DACL's nutrition programs. This form is not used to determine eligibility for the meal programs, but DACL may use this information to assess the overall need for nutrition services.

Name:

Ward:

Category	Source	Indicator on Source	Points	Points Selected
Income at or below Federal Poverty Level (OAA)	Universal Intake	a) Select 5 points if the client answers yes to "Are you at or below (federal) poverty level?" OR b) Select 3 points if the client indicates enrollment in Medicaid, Food Stamps/SNAP, or CSFP.	5 OR 3	
Risk of Institutionalization (OAA)	Universal Intake	Select if the client needs assistance with at least three ADLs	2	
Malnutrition Risk	Nutrition Screen	Select if the client answers yes to "I eat fewer than 2 complete meals per day."	4	
Malnutrition Risk	Nutrition Screen	Select if the client answers yes to "I have a problem biting, chewing, or swallowing foods or liquids that make eating difficult."	3	
Malnutrition Risk	Nutrition Screen	Select if the client answers yes to "I have lost or gained 10 pounds in the last 6 months without trying."	5	
Total Score				
			Rank #1 (High Priority)	15-18
			Rank #2	11-14
			Rank #3	6-10
			Rank #4 (Low Priority)	≤5
			Select Rank Based on Score	

Home-Delivered Meals Assessment Form

WARD_____ **LEAD AGENCY**_____ **FORM COMPLETED BY (INITIALS)**_____

Assessment Date: _____ Assessment Location: _____

Name: _____ Client ID#: _____

Age: _____ Date of Birth: _____ Gender (circle one): Male/Female

Address: _____ Apt#: _____ Zip Code: _____

Telephone #: _____ Cell #: _____ Email address: _____

Referral Agency: _____

Referral Contact Name: _____ Email address: _____

Referral Contact Telephone #: _____ Cell #: _____

Presenting Problem(s): _____

Medication(s): _____

Food Allergies: _____

ELIGIBILITY

Home delivered meal (HDM) service funded by the D.C. Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older who are determined to be frail*, homebound by reason of illness or incapacitating disability, or otherwise isolated. Meals may be available for the spouse (any age) of an HDM client and individuals with disabilities between 18-59 years of age that reside with an HDM client.

Activities of Daily Living (ADLs): *check all activities which client may need substantial human assistance to perform*

☐ Bathing ☐ Walking ☐ Transferring to or ☐ Toileting
☐ Dressing ☐ Eating from a wheelchair/bed

Does the client have a cognitive or other mental impairment that requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual? ☐ Yes ☐ No

If yes, please explain: _____

Does the Client Meet the Eligibility Standards (eligible if Yes for Question 1 & 2, AND 3, 4, or 5)?

1) Is the client a DC resident? ☐ Yes ☐ No

2) Is the client >60 years old? ☐ Yes ☐ No

➤ If NO, does the client meet other criteria? ☐ Spouse (any age) of an HDM client OR ☐ Individual with disabilities between 18-59 years of age that resides with an HDM client

3) Is the client frail? ☐ Yes (based on ADLs) ☐ Yes (based on cognitive/mental impairment) ☐ No

4) Is the client homebound (requires substantial human assistance to leave the home)? ☐ Yes ☐ No

5) Is the client isolated? ☐ Yes (explain: _____) ☐ No

Is Client Eligible for Home Delivered Meals?

☐ Yes (cont. to 2nd pg.) ☐ No (cont. to Referrals- last pg.) ☐ No, will appeal to DACL for consideration

*Frail is defined by the Older Americans Act Nutrition Programs Toolkit (National Resource Center on Nutrition, Physical Activity & Aging) as: (A) *unable to perform at least two activities of daily living without substantial human assistance, including*

verbal reminding, physical cues, or supervision; or (B) due to cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual

CLIENT ASSESSMENT

Instrumental Activities of Daily Living (IADLs): *check all activities which client needs assistance to perform*

- | | | |
|--|--|---|
| <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Light housework (dishes, dusting) | <input type="checkbox"/> Money management |
| <input type="checkbox"/> Shopping for personal items | <input type="checkbox"/> Heavy housework (vacuum, mopping) | <input type="checkbox"/> Use of telephone |
| <input type="checkbox"/> Medication management | | <input type="checkbox"/> Transportation ability |

Physical, Mental, and Emotional Assessment

- Walking Condition: ☐ Normal ☐ Slow ☐ Unsteady Gait
- ☐ Walker ☐ Wheelchair ☐ Bedridden ☐ Amputation ☐ Cane ☐ Prosthesis
- ☐ Needs Assistance Transferring from Bed to Wheelchair
- ☐ Deaf/Hard of Hearing ☐ Blind/Low Vision ☐ Lethargy ☐ History of/Current Substance Abuse
- ☐ Ongoing Medical Treatments (specify): _____

General Observations: *please note that these are your own observations of the client*

Judgment: ☐ Unimpaired ☐ Impaired ☐ Mildly Impaired ☐ Severely Impaired ☐ Unable to determine

Memory: ☐ Unimpaired ☐ Impaired ☐ Mildly Impaired ☐ Severely Impaired ☐ Unable to determine

Cooperativeness: ☐ Good ☐ Fair ☐ Poor ☐ Indifferent ☐ Unable to determine

Self-Concept: ☐ Good ☐ Fair ☐ Poor ☐ Unable to determine

Clarity of Consciousness:

- ☐ Clear ☐ Slightly Confused ☐ Markedly Impaired ☐ Delirious ☐ Unable to determine

Emotions: ☐ Depressed ☐ Guilt ☐ Anxiety ☐ Resentment ☐ Fear

- ☐ Hopelessness ☐ Unable to determine

Is client receiving services from any other agencies (including community dining)? ☐ Yes ☐ No

If YES, please list:

Is client receiving food assistance benefits (ex. SNAP, CSFP, SFMNP, TEFAP)? ☐ Yes ☐ No

If YES, please list:

HOME/LIVING ENVIRONMENT

Type of Living Arrangement: ☐ House/Single Dwelling ☐ Apartment ☐ Boarding Room

☐ Other (please specify): _____

Location of customer within Dwelling:

☐ Upstairs ☐ Downstairs ☐ Basement ☐ Other (specify): _____

☐ Lives alone ☐ Lives with family

Lives with access to others: Name: _____ Telephone #: _____

Relationship to Client: _____ Frequency of Contact: _____

Access Information: Key Code: _____ Key: _____

Date Key Provided: _____ Date Key Transferred to Delivery Agent: _____

Key Received By: _____

FOOD SECURITY AND MEAL PREPARATION

How does the client identify with the following two statements?

1. "Within the past 12 months we worried whether our food would run out before we got money to buy more." Was that often true, sometimes true, or never true for your household? _____

2. "Within the past 12 months the food that we bought just didn't last, and we didn't have money to get more." Was that often true, sometimes true, or never true for your household? _____

Describe the client's current appetite: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

What percentage of the client's current meals does s/he eat? ☐ <25% ☐ 25-50% ☐ 50-75% ☐ >75%

Can client prepare his/her own meals? ☐ **Yes**, without assistance ☐ **Yes**, with assistance ☐ **No**

Does a member of the household prepare meals? ☐ Yes ☐ No

If YES, are meals prepared in the home? ☐ Yes ☐ No

If NO, who delivers the meals? _____

Describe source of food and meals (include agencies, benefits, frequency of distribution):

Does client have a family member, significant other, neighbor, or anyone other than the client prepare meals on the weekend? ☐ Yes ☐ No

Does client have a Home Health Aide? ☐ Yes (How many days/hours: _____) ☐ No

If YES, please describe the primary roles and responsibilities of the Home Health Aide:

HOME DELIVERED MEAL PLAN

Based on this assessment, the client should receive:

☐ **Dutch Mill:** 1 hot & 1 cold meal delivered Monday & Wednesday; 1 hot meal delivered Friday

☐ **Add weekend meals:** 1 hot & 1 cold meal delivered Saturday

Is the client able to receive/store meals and dispose of packing material? ☐ Yes ☐ No

If NO, does the client have a caregiver who can assist with delivery of meals? ☐ Yes ☐ No

Does the client have space in a working refrigerator to store a second meal? ☐ Yes ☐ No

☐ **Mom's Meals:** ten (10) meals delivered once every two (2) weeks

☐ **Add weekend meals:** four (4) additional meals delivered once every two (2) weeks

Is the client able to place an order over the phone? ☐ Yes ☐ No

If NO, does the client have a caregiver who can assist with ordering meals? ☐ Yes ☐ No

Is the client able to receive/store meals and dispose of packing material? ☐ Yes ☐ No

If NO, does the client have a caregiver who can assist with delivery of meals? ☐ Yes ☐ No

Does the client have a working freezer or refrigerator for 10 or 14 meals? ☐ Yes ☐ No

Does the client have a working microwave or oven? ☐ Yes ☐ No

Is the client able to choose a meal and follow re-heating instructions? ☐ Yes ☐ No

If NO, does the client have a caregiver who can assist with reheating? ☐ Yes ☐ No

☐ **Client resides in a facility with a community dining site and will receive home-delivered meals from the community dining site.**

DELIVERY INFORMATION

Requesting meals to begin: _____ Duration of need (if known): _____

Menu Type (circle all that apply): ☐ General Wellness ☐ Vegetarian ☐ Pureed* ☐ Renal** ☐ Gluten Free***

**Pureed meals from Dutch Mill are a "mechanical soft/ chopped" texture. Pureed meals from Mom's Meals are a "mashed potato" consistency.*

***Renal diet is only available from Mom's Meals. This diet is appropriate for pre-dialysis chronic kidney disease as well as for clients on dialysis*

****Gluten Free diet is only available from Mom's Meals.*

Primary Contact: _____

Relationship to client: _____

Telephone #: _____ Email address: _____

Alternative Contact: _____

Relationship to client: _____

Telephone #: _____ Email address: _____

Comments:

Reassessment Due Date:

REFERRALS

Lead Agency Social Worker

- ☐ Case Management
- ☐ Supplemental Nutrition Assistance Program/Food Stamps
- ☐ Commodity Supplemental Food Program/Senior Farmers Market Nutrition Program
- ☐ Medicare/Medicaid

Lead Agency Nutritionist

- ☐ Liquid Nutrition Supplements
- ☐ Nutrition Counseling

Other

Please specify:

For Office Use Only

Additional Comments:

Print Name

Signature

Date

Attachment J

D.C. Department of Aging and Community Living Senior Service Network Nutrition Risk Screening Instrument

CSTARS#	Agency #	Site #	Date Completed ____/____/____	Resides in Ward	Interviewer/Reviewer	
Last Name		First Name		Middle Initial	Birth Date ____/____/____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Please select both RACE and ETHNICITY		1) American Indian or Alaskan Native 3) Black or African American 2) Asian 4) Native Hawaiian or other Pacific Islander 5) White a) Hispanic or Latino b) Not Hispanic or Latino				

Circle Service: Congregate Meals ♦ Home-Delivered Meals ♦ Nutrition Counseling ♦ Case Management

Determine Your Nutritional Health! Please Read Statements Carefully.	Initial		Follow up	
Check boxes in one column only that apply to you!		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
1. I have an illness or condition that made me change the kind and/or amount of food I eat.	2		2	
2. I eat fewer than 2 meals per day.	3		3	
3. I eat few fruits or vegetables or milk products.	2		2	
4. I have 3 or more drinks of beer, liquor or wine almost every day.	2		2	
5. I have tooth or mouth problems that make it hard for me to eat.	2		2	
6. I don't always have enough money to buy the food I need.	4		4	
7. I eat alone most of the time.	1		1	
8. I take 3 or more different prescribed or over-the-counter drugs daily.	1		1	
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2		2	
10. I am not always physically able to shop, cook and/or feed myself.	2		2	
TOTAL VALUE				

Value	Determine Your Nutritional Health
0-2	Low Nutritional Risk - review status in 6 months
3-5	Moderate Nutritional Risk - take steps to improve your eating habits and lifestyle
6 or more	High Nutritional Risk - getting advice from health care professional strongly recommended

Check if follow up needed ☐

Scheduled follow up: ____/____/____

For interviewer's or reviewer's use only		
Assistance needed with: ✓		
Health Promotion Programs		
Nutrition		
Medication Use		
Socialization		
Oral Health		
Referral made to:		
Social Worker <input type="checkbox"/>	Nutritionist <input type="checkbox"/>	Other <input type="checkbox"/>

Attachment K

FY 2021 Government Services Administration & IRS Mileage Reimbursement Rate

Year	Personal Owned Vehicle (POV)	Government Owned Vehicle Available	Motorcycle	Airplane
2020	\$0.575	\$0.170	\$0.545	\$1.270
2019	\$0.545	\$0.180	\$0.515	\$1.210
2017	\$0.535	\$0.170	\$0.505	\$1.150
2016	\$0.540	\$0.190	\$0.510	\$1.170
2015	\$0.575	\$0.230	\$0.545	\$1.290
2014	\$0.560	\$0.235	\$0.530	\$1.310
2013	\$0.560	\$0.235	\$0.530	\$1.310
2012	\$0.560	\$0.235	\$0.530	\$1.310
2011	\$0.560	\$0.235	\$0.530	\$1.310
2010	\$0.560	\$0.235	\$0.530	\$1.310

100 miles one-way x 2 = 200 miles round trip
200 miles + 50 miles in-and-around = 250 miles
250 miles x \$0.540 per mile = \$135.00 mileage reimbursement

**FY2021 Department of Aging and Community Living
Federal Poverty Level**

Add \$4,480 for each person over 8

Attachment M

FY 2021 Training Requirements

A. Caregiver Training

In 2018, the DACL received a grant from the Administration on Aging to develop an Alzheimer's disease Supportive Services Program (ADSSP). The program is designed to train its staff and the Senior Service Network (SSN) providers to identify DC residents living with ADRD and link them to culturally competent, person-centered Home and Community-Based Services (HCBS).

All new SSN providers must participate in an annual required training and incorporate techniques and activities into the daily program offerings. This may be done virtually. The ADSSP is an evidence-based program. An evaluation component will be conducted at no cost to the provider. Findings relevant to health-related outcomes, benefits, and soundness of the program approach will be compiled in a report to our federal partners.

B. Mandated Reporter Training

SSN and DACL Staff are mandated reporters and are required to immediately report incidents of suspected elder abuse directly to Adult Protective Services (APS), per DACL's Mandatory Reporting of Elder Abuse Policy 20-02. Effective in FY2021, both DACL and SSN staff must take an annual training session on the requirements of this policy and D.C. mandatory reporting requirements regarding suspected incidents of abuse and neglect. SSN and DACL staff must also participate in additional periodic training sessions as established by DACL, as deemed necessary.

C. Language Access Training

All DACL grantees are required to attend an annual Language Access Training on the requirements of the Language Access Act of 2004 as coordinated by DACL and the Office of Human Rights (OHR). This intent of this training is to ensure every grantee is equipped and has the tools to assist LEP/NEP customers. This training will include expectations for language access signage displayed in public facing areas at grantee physical and online settings.

D. Strategies for Combating Social Isolation and Utilizing Impactful Virtual Connection/Engagement Strategies Training

Due to the COVID-19 pandemic and public health emergency, all grantees will be required to complete at least one training on strategies for combating senior social isolation and identifying or gaining meaningful insights on how best to use technology and virtual means to deliver services and programming. The pandemic has created a need for critical action by grantees to adjust programming virtually, and DACL must ensure grantees are continuing to take steps to adapt and be equipped to handle the challenges of online or virtual delivery of services.

E. LGBTQ Cultural Competency and Inclusion Training

In FY2021, all DACL grantees and sub-contractors will be required to attend an annual LGBTQ cultural competency training. This will be a DACL-coordinated training. Grantee personnel who by the nature of their profession may already have a certification on LGBTQ cultural competency and inclusion may present evidence of the training and be waived this requirement.

F. Communications and Outreach Training

Starting in FY2021, all DACL grantees must take an annual communications and outreach training on all procedures, rules, and expectations from DACL on how grantees may conduct communications, marketing, and outreach to seniors, adults with disabilities, and their caregivers on behalf of DACL-funded programs. This will be a DACL coordinated training.